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ORIGINAL PAPERS.

THE THEORY OF REPRODUCTION.

BY S. Z. AMMEN.

Discoveries in biology within the last fifty years have relieved the processes of reproduction and gestation of some of the mystery which formerly surrounded them. Reproduction of the human species is shown to be essentially but a partition of the parent organism ; gestation, the retention of the detached fragment in a part capable of supplying organic matter in an easily assimilable form. In this view, the relation of offspring to parent is not that of a product to the producer, or of a thing created to a creator, but that of a part to a whole. The germinal cell, or spermatozoön, is to be considered as much indentical in substance with the parent, as are the small crystals of copper sulphate with the large one from the solution and recrystalization of which they resulted.

In an animal of highly complex structure like man, the correctness of this view is not so evident at first sight. There have been developed in him so many highly specialized structures, for other purposes, that the nature of the act of reproduction is apt to be misunderstood from its very simplicity. By the study of organisms of little or no specialization of structure, biologists have been able to simplify their problem, and attain positive results. Indeed, it has been found that the essential material of life, *bioplasm*, or *protoplasm*, which gives all its vigor to the cell, may and does, exist without any specialization of structure whatever. It has been found in vast quantities at the bottom of the Atlantic as a

kind of formless but living slime, capable of assimilating material for its growth from the sea-water.

Here we have reproduction in its simplest manifestations: a mass of organic matter in contact with inorganic matter raises the latter to the organic state. We are not concerned at present with the curious question of the nature of "vitality." It is sufficient to call attention to this *Urschleim* of the Germans, this cell-material not yet formed into cells, which possesses the vital property of a capability of assimilation. "Chemical action is wasting its substance and dissipating its energy on the one side, and rebuilding and reconstructing its parts on the other." Its material particles are continually being wasted, and excreted, while new particles are as incessantly being added to its mass. It is a living substance without any determinate form. A small mass of it subjected to new chemical conditions, may readily be supposed to have formed about its exterior a thin pellicle, which will protect the protoplasm within from further change. If the new conditions become permanent, (conditions occasioned by new currents of water, with matter of slightly different chemical constitution in solution,) we may expect all protoplasm not thus protected by exterior (cell) walls to be destroyed. A cell thus formed would assimilate and excrete the material of its growth through its cell-wall, by the familiar processes of diffusion, endosmosis and exosmosis. So much for its nutrition. Its growth, however, would seem to be prevented by the narrow limits of its wall. The solution of this difficulty may be very prettily illustrated by a chemical experiment. Introduce carefully a large drop of an aqueous solution of tannic acid, within an aqueous solution of gelatine. On coming in contact, the acid and gelatine will form a leathery coating around the drop, completely inclosing it, and separating, of course, the acid within from the gelatine without. In short, an artificial cell is formed, If we watch the behavior of this cell, we shall first see that the gelatine without passing within through the cell-wall by a process of endosmose causes a thickening of the cell-wall, and a compression of its contents. This is presently relieved by the bursting of the cell-wall, so that a drop of the acid protrudes, like a bud. Around

this, in its turn, a new wall is formed, and the process of budding will go on till the supply of acid within is exhausted. In like manner it is, we may suppose, that cell-life proceeds. There is this important difference, however, in favor of the cell containing protoplasm over that containing tannic acid, that the former can manufacture materials for its growth from its surroundings indefinitely, while the latter must stop when its little original supply is exhausted. But the comparison holds far enough to illustrate the process by which the reproduction of cells takes place. The new cell buds out from the old, receiving part of its substance. In many of the lower plants and animals reproduction takes place by fission ; the parent mass simply splits in two, and each half is entitled to the name of parent, as well as son. Many organisms (composed more than one cell,) multiply by budding. Thus the zoöphyte of our coast develops numerous buds on his exterior. These after a while fall off, and float away to grow up in the sea,—the analogue, for such embryos, of the womb in the human species. The zoöphyte, it will be observed, reproduces by buds upon his (or her) exterior, and hence performs no function of gestation. Other animals develop buds upon their interior surface, and supply them with material for growth in the shape of easily assimilable organic matter. To this class man belongs. Yet another class, budding interiorly, resolve themselves wholly into offspring, the integument alone surviving. Here the weight of the offspring is almost equal to that of the parent. In these last two classes there is a veritable gestation, a provision of conditions specially favorable to nutrition. All the higher animals demand thus, during the first period of their growth, a more plentiful supply of assimilable matter than is to be found diffused in the water of the sea, or in river-water, or in the soil. Animals nourished only in these various wombs of mother earth, are puny in size, and simple in structure. The proper growth of a cell demands that it be plentifully supplied with nourishment from the moment of its detachment from the parent mass.

The facts here cited are sufficient to enforce the truth, that the so-called young of any organism is not essentially a different individual from its so called parent, but is a part, a fraction, of the

parent. We give arbitrarily the name of parent to the larger fraction, which is commonly, also, the more highly specialized in structure and function. The detached part (in man) is a cell filled with organic matter in its least specialized form—protoplasm. The parent mass, however, besides a remainder of such undifferentiated cells, is largely made up of cells so highly specialized in function, as to have lost their power of reproduction—a function belonging originally to all cells. A cell of the arm, for example, if placed in the womb would not develop into an infant, being incapable of assimilating the nutriment as there provided. But it does assimilate from the blood, and reproduces other cells like itself; *i. e.*, it retains its reproductive powers, but in a special line only. Among cells as among men, a special training disqualifies for any large variety of actions. Only in the testicle and ovary is the human protoplasm found in an unspecialized (and hence fully developable) form. The cells of the rest of the body, being devoted to special growths, are no longer equal to the general function of reproducing the entire man. This is limited to the cells thrown off from time to time from the male and female generative organs. Theoretically, cells from the organs of either sex should be developable, and there are many indications that the human race was formerly hermaphroditic, as we know many animals and most plants now are. Herbert Spencer suggests an explanation of the necessity, at present, of commingling the contents of spermatic cells of two kinds—those of the ovum with those of the spermatozoön—in order to full development.

From what has been said in the foregoing pages, it is evident, that so far as the parent is concerned, the act of reproduction ceases with the detachment of a developing cell from the parent mass. What follows is a story of nutrition. The cell has now a separate life.

There are many modes of nutrition:

I. There is no gestation. The detached cell is dismissed by the parent at the period of "ovulation" into the outer world, to find there as best it may the necessary conditions of warmth, moisture, and nutriment.

II. There is partial gestation. The cell is dismissed surrounded by a store of nutriment; as in the eggs of birds.

III. Gestation is more or less complete. The cell is retained within the body of the parent, and there supplied with the condition of growth, till it is partially developed, and can provide more or less perfectly for its wants.

There is an ascending series in which the apparatus for supplying the conditions of development, in connection with the parent, is rendered more and more complete, till man and the kangaroo are reached. The provision of a *marsupium*, or bag, in which the young are cared for *after* birth, seems to raise the last mentioned animal, anatomically at least, above the *genus homo*, and all other similar mammalia.

In the human male there is no provision for the life of the detached cell. In the female there is; and it is on this provision that the difference of the sexes turns.

In the female, a part of the tube along which the cell is to pass to be voided, is enlarged, so as to form a vessel capable of containing it, till a late period of its development. This vessel, the womb, supplies the necessary conditions of warmth, moisture, and a nutritive encompassing fluid, from which the cell may absorb and assimilate all that is needed for its growth.

A NEEDLE PRICK AND ITS CONSEQUENCES.

BY P. H. BAILHACHE, M. D., SURGEON U. S. MARINE HOSPITAL SERVICE, BALTIMORE.

On the 7th of April last, M. G. B., a lady aged 30 years, slightly built, but of vigorous constitution, in picking up some work lying upon the floor, accidentally drove a tapestry embroidery needle (with very sharp point), into the side of her middle finger, right hand, entering near the first joint on the "thumb-side" of the finger. The needle was driven in so deeply (probably to the bone), as to require considerable effort on her part to withdraw it, but no blood followed its withdrawal. On the instant of the injury a shock, or sensation was experienced similar to that felt when the ulnar nerve is struck at the elbow, only the

sensation was upward to the elbow and shoulder, instead of downward to the hand. A faintness followed (though not given to fainting—never having swooned in her life), which alarmed her considerably, and when it passed away she was conscious that something more than an ordinary needle prick had occurred. Peculiar tingling sensations continuing, she bathed her hand and arm in hot water, with some relief, but was not altogether satisfied with its condition, because of a peculiar "vibration" (as she expressed it), which was felt through the arm, whenever her injured finger came in contact with anything.

This sensation continued for several days and although it did not alarm her, gave rise to feelings of apprehension and dread. On the night of the 12th of April, five days after the injury, a sort of nervous chill followed by twitching of the muscles of the right arm, and extending up the neck and across to the other shoulder and arm, seriously alarmed her, and upon my arrival about 10 P. M., I found her in tetanic spasms. Large doses of potass. brom. (2 to 3 gms.) were given at short intervals during the night, and towards morning the patient fell into a comparatively quiet sleep. Upon awaking, the more alarming symptoms were found to be absent, and I suggested the removal of a small portion of the nerve at the point of injury, being satisfied from the history of the case that a digital branch of the median nerve had been pierced by the needle. To this she objected on account of the partial paralysis of the finger which would naturally follow. I then applied tinc. aconite along the course of the nerve without benefit and on the following day (in the meantime keeping her under the influence of the bromide), I painted the parts with tinc. iodine, also without beneficial results. The hyperæsthesia of the entire arm and shoulder was intense and the pain almost intolerable, especially at the lower angle of the shoulder blade.

This active neuritis gave way after a couple of weeks to one of partial muscular paralysis accompanied with a peculiar nervous thrill or electric shock whenever *either* hand was accidentally touched, and it finally became necessary to relieve the arm and shoulder of all coverings except those of the softest character, substituting raw cotton, etc., and carrying the arm upon a pillow.

For the next two months all those peculiar sensations which accompany nerve-injury were experienced—prickings, crawlings, numbness, hyperæsthesia, drawing at the matrix, etc., notwithstanding every effort was made to combat them, both by internal and local remedies, including electricity.

The entire brachial plexus becoming so early involved and the reflex action being so prominent throughout the body rendered this case one of unusual interest, considering the simplicity of the cause. During the latter part of June, more than two months after the injury, the hand, arm and shoulder, commenced swelling and assumed that peculiar doughy appearance frequently found in œdematous limbs, but without the pitting on pressure. I neglected to mention in the proper place, that with the partial muscular paralysis spoken of above, a feeling of chilliness gradually pervaded the parts, which it was impossible to relieve until a hot air bath furnished by a little stove (kindly loaned by Prof. Christopher Johnston), was brought into requisition. I might also state here that I examined the needle which was the cause of all this trouble, upon my first visit, to see if its point had been broken off, but found it without a flaw, nor did the point of entrance of the needle ever show any signs of inflamatory action or irritation though aided to do so soon after the injury by a fly blister which was kept on the finger forty-eight hours.

Hot water bathing was always grateful to the arm and shoulder, while cold in any shape gave great discomfort; acting on this idea, I finally suggested a trial of hot sea water baths, and on the 5th of July, my patient was taken to Cape May—going by water as she was unable to bear the motion of car travel, or even of a c-spring carriage. After a few days cautious bathing in hot sea water, an almost imperceptible improvement began, but it was a remarkable fact that the sea-air (from which I also hoped much benefit would be derived), acted injuriously, and she was obliged to wrap up very carefully going and coming from the baths, and remain housed from the sea-air, while others were out enjoying it.

After about two weeks at Cape May, an unexpected turn of affairs took place. While in the hot bath a sudden and very

excruciating pain came into the other arm and shoulder (the left) so that she was hardly able to crawl out of the bath tub. She was much frightened by this attack, and thought general paralysis was coming on, particularly as the spine was also considerably affected. I saw her about a half hour later, and as she is unable to bear morphia, gave her some stimulants and painted the parts with a strong solution of tr. iodine. In an hour she was comparatively comfortable, and on the second day all the swelling had disappeared from her lame arm, (the right) while the one which was attacked while in the bath gave her very little uneasiness. She soon after returned to Baltimore, and has continued to slowly improve until she is now (Oct. 10th,) able to attend to most of her household duties though still unable to sew or write, and still has to "favor" the right arm and shoulder.

THE PREVENTION OF YELLOW FEVER.

BY DR. J. R. UHLER, OF BALTIMORE.

The prevention of disease is justly considered one of the highest aims of the practical physician, and it is in this direction that medicine has achieved its noblest success. The work of Lady Mary Wortly Montague, who had her own child inoculated with small-pox virus, followed by the discovery of vaccination, made known by Jenner, conferred a boon on the world that is daily used, and *we* have the satisfaction of knowing that a more dreaded and loathsome disease than yellow fever has been *almost* stamped out. Notwithstanding this success, however, if Jenner were alive he would be very apt to say that his discovery had been but half utilized, or used in one direction only, to the neglect of the great principle that underlies it, namely, the changing of disease to a milder type, by passing through the system of animals or *plants*. Of course, it is not denied that inoculation has been practised in the laboratory upon animals with cancerous tubercular, pyæmic and other matters, to endeavor to settle their pathology, but in the main, so far as the general profession is aware (in contagious diseases, except those of the skin), this has been neglected.

We mourn, then, to-day over the slow development of ideas, and our brethren in the South bear the brunt because men have not more thoroughly studied the diseases of plants and animals. Our shame is increased also by the reflection that we have an instance (in both a plant and an animal) where disease passing through the pores has been of eminent service to us, and it is not likely that these are the only cases that can occur, either naturally or artificially, for nature rarely gives a hint unless there be more to follow. Let us rouse ourselves, then, and try inoculation of the blood and secretions of yellow fever, diphtheria, scarlet fever, typhus and other diseases upon all the domestic animals and some plants, ascertain what disease, if any, will be produced, and if it prove a mild one, induce others to use the fluids of such animals to inoculate man. To do this rashly, of course no one would advocate, but after due study and success the most cautious would be justified. With the information possessed now (if the disease can be communicated in that way) inoculation from the mildest cases of yellow fever, etc., to man might be tried, and if they fail would afford information as to contagion, etc. There are some later experiments, also, that it is of the utmost importance to test now. We refer to the careful researches of Tyndall, Pasteur, Sanderson, Beale and others on spontaneous generation, dust and disease, disease germs, etc. If their labors have proved anything, surely this is a fact, that organic germs, dust, etc., can be kept out by a thick layer of cotton wadding, and also be destroyed by a high temperature, many, even, by boiling. Out of this has arisen our best disinfectant heat, and where it can be properly applied it will always do the work.

To apply heat upon a large scale, however, to germs that are widely diffused, is very difficult and where a great epidemic prevails, it becomes impossible, we are therefore compelled to try something else, and as exclusion seems to offer some chance, we naturally look in that direction for aid. Before exclusion can be made available, however, one must have some idea of the thing to be excluded, or of the way by which it gains admission to the system. Now there are only three routes by which particles can get in namely, through the pores of the skin, the lungs, and the

food and drink. If we filter the air they cannot reach our lungs; hence, wearing a mask of cotton wool over the mouth and nose, not too thick to be breathed through, ought to settle that question. Other wadding can be used to protect our skins, provided it prove not too hot to wear; or the skin pores can mostly be closed by smearing over the body a plenty of thick fat, such as lard or some common oil. The food and drink question will give more trouble, and demands much care. It can be met by boiling in a suitable portable vessel, containing a medicine tube or straw, all the food and water required, taking care to cover well both tubes, vessel and contents with hot cotton wadding before they cool.

This liquid food when required is to be taken by suction, and it is only when opening the mouth to introduce the tube and exposing its end, that any germs can gain admission, provided the mask be pressed close to the tube and not removed and the wadding be kept over the food as described. Food should therefore be taken as seldom as possible, the endeavor being to make up the loss by using a large quantity at a time. Impressed with the fact that our lives are in our own hands, the clever will learn to become dexterous, and necessity will probably produce some better means. That there are difficulties to be overcome all will see, but where intelligence presides and the cooking is not left entirely to the caprice of ignorant persons, they ought not prove insurmountable.

The wadding protector for the nose and mouth and the oiling plan can be used by all, and if the disease only enter by the lungs and skin, those employing it should escape. At any rate, as the trial can do no harm and will help settle some medical difficulties in regard to the nature and contagiousness of this disease, it ought to be employed. One drawback, the use of liquid food, is unpleasant, but a person with a little resolution can bear it until the epidemic ceases or contrive some way to take other food through a cotton wadding cylinder, perhaps, so as not to admit germs. If the cause of this fever is a gas, these precautions will all be in vain, but until fairly tried and tested it is useless to argue upon the subject. It is said that thick, oily skinned negroes and

African travellers have both escaped the disease, the first aided by nature, the latter by wearing a mask. If this be really true, it is a very important matter at this time.

An additional fact that would lead us to expect success is mentioned in the report of Dr. Woodhull upon the epidemic at Savannah (see *American Journal Medical Science*, July, 1877, page, 52), where the jail, the place above all others, the most likely to be attacked, was preserved by cleanliness and feeding the prisoners upon soup only. Now it is not likely that said soup was cold, but it is more than probable that the germs when present had been destroyed by boiling, Be this as it may, it is time we knew the facts by practical trials, and for such we look forward as only searchers after truth can do.

ON SOME, NOT COMMON, CASES IN SURGERY.

BY OSCAR J. COSKERY, M. D., PROFESSOR OF SURGERY COLLEGE OF PHYSICIANS AND SURGEONS, BALTIMORE.

CASE I.—Jeremiah D., aged 40, miner, born in Ireland, was admitted into St. Joseph's Hospital, Baltimore, on August 17th, 1877; suffering from nocturnal pain in knee following blow of a hammer. Patient was covered with rupial sores, and had contracted syphillis some eight years before. Was put upon one grain doses of proto-iodide of mercury four times a day and in a few weeks the pain had ceased and sores healed. In every cold damp spell pains returned, however. This mercurial treatment was soon changed to the iodide of potassium, 20 grains four times a day and has been continued to the present time; the alternations taking place about every two months

On January 9th, 1878, patient slipped while going down stairs, tried to recover himself, fell and found he could not walk. When seen a few hours afterwards, a distinct transverse fracture of the left patella, with separation of the fragments to extent of three-quarters of an inch was discovered. This was treated by elevating the limb npon a single inclined plane, (inclination 40°), and so kept for 60 days. A straight splint at back of knee was then used and patient allowed to walk on crutches. He has now

separation of fragments to the extent of fully two inches on that side.

On May 25th 1878, again fell, in same way as before, and produced a fracture of right patella, transverse, but the bone was broken, instead, as in the other, across its centre, in the upper third. Little treatment was attempted and the separation of the fragments is about one inch.

The only difference between the two fractures is, I think, this; on the left side, the break extending through the centre, tore across entirely the general *involucrum* of the joint; while upon the right side the tear was through the upper portion only, and some of the fibres of the *quadriceps extensor* were still left attached to the lower portion. This would account for the smaller separation on that side. The man's general condition is good, he cannot come *down* stairs at all, except with assistance, but goes up very well, and has no difficulty upon a plane surface. The case is interesting as a fracture of one patella occurring four months after the other had been broken, and in an undoubtedly syphillitic person.

Case 2.—Wm. T., aged 27, laborer, was knocked down on Sept. 7, 1878, and kicked in face and chest. On admission into Hospital, Sept. 14, 1878, a distinct bulge was seen on the right side of sternum, which was found, on careful examination, to consist of the cartilages of the 3rd and 4th right ribs, which had been broken close to, and which lay in front of, the sternum. On grasping the two shoulders, and drawing them backwards, very perceptible movement could be gotten, but with great pain, and it was impossible to reduce. An adhesive plaster band was put over right side to control the movements, and the patient made comfortable, but the deformity remains permanently. He went to work on Oct. 9, 1878.

Case 3.—James R., aged 34, miner, was admitted August 7th, 1878. While at work under ground on the night before, tried to jump on the elevator as it was going up, and had only his head and shoulders on the platform when it reached "the breast of the arch"—his back striking violently against the rocky top of the tunnel. He managed, however, to pull himself entirely upon the

patform, and at the top of the shaft was found screaming with pain and unable to move. He was brought carefully about five miles to the hospital and with great trouble removed to a hair mattress, laid upon it in supine position, and no further examination made than that sufficient to prove that no paralysis of motion or sensation existed. There was very little shock, but the man was greatly frightened. Retention of urine came on but disappeared in forty-eight hours. The patient was not able to turn sufficiently upon the side to have the back examined for nearly a week after his admission. The following condition was then apparent: on passing the finger down the line of the spinous processes, at the position of the eleventh dorsal a distinct depression was felt, and a hard sharp point was found lying to the right of that depression. This was movable, and crepitus was felt when it was moved. It could be easily pushed into the posterior median line but could not be retained there. The diagnosis was: fracture of the spinous process of the eleventh dorsal vertibra, without, most probably, implication of the body or lamellæ.

No other treatment than rest was adopted, the patient was propped up in bed on the 26th, and left the hospital well, but still walking with a stick on September 20th, 1878.

Case 4.—James C., aged 24, miner, was cut in skull with hatchet, on afternoon of July 29, 1878. His own account of what followed is this: Lost consciousness for about one hour, then rallied for a few hours, and again became unconscious until shortly before I saw him at about 5 P. M. on July 30, 1878. I then found a cut, one inch to left of sagittal suture, one and half inches in length, between the lips of which brain matter was oozing. On wiping this away, the brain could be seen pulsating half an inch below. A rag wrung out in cold water was applied, changing constantly, the patient did not again become unconscious, and three weeks from time of accident, the patient was walking about, and although pulsation of the cicatrix can still be seen, no *hernia cerebri* has occurred, and he is well. Left hospital to go to work on Oct. 8th, 1878.

Case 5.—Mrs. B., housekeeper, aged 64, was first seen by me on September 8th, 1878. She gave the following meagre history:

about ten years ago was attacked with colicky pains in abdomen, constipation and vomiting. Four days afterwards was operated upon for strangulated hernia, without chloroform, by Professor C. Johnston, and with perfect success. She was up and about in three days. Since that time has suffered from occasional attacks of colic, but has worn a truss steadily. The patient states positively that the pain always preceded descent of the tumor, which occasionally took place behind the truss. Was always able to return the tumor until September 7th, when an extra quantity came down and vomiting commenced. I saw her twenty-six hours after the tumor came down and employed taxis in every position for twenty minutes, but with no success. As she was not uncomfortable, with the exception of the bilious vomiting, opium and belladoma were given, with ice to suck. Thirty-six hours afterwards, or sixty-two hours from time of hernial descent, herniotomy was again performed, through the old cicatrix and without chloroform. It was necessary to open the sac, and the gut, moderately dark, was found adherent in three places. In closing the wound the lowermost suture was carried through the outer edge of the crural ring.

This patient was not sick from the time of the operation, passed wind one hour after, and a large stool on the fourth day, and was completely recovered, the wound uniting nearly entirely by first intention, by the eleventh day. Where the thread had been carried deeply was then found a hard mass, supposed to be inflammatory exudation. The sutures were not removed until the seventh day.

CLINICAL REPORTS FROM HOSPITAL AND PRIVATE PRACTICE.

BALTIMORE INFIRMARY.—SERVICE OF PROF. F. T. MILES, M. D.

REPORTED BY E. A. CHANCELLOR, M. D., ASST. RESIDENT PHYSICIAN.

CASE I.—A CASE OF CHRONIC MYELITIS.—Mr. F. E. F., age 47, weight 170, accustomed to a sedentary life and great mental labor,

would take little or no exercise. About three year ago felt an unusual indisposition to walk, and would get into the easiest position possible and be unwilling to stir; frequently on rising would fall prostrate on the floor. It was now impossible for him to go up or down stairs. In walking along pavement would stagger to such an extent that persons would take him to be intoxicated, sometimes his legs would suddenly give out, and would fall wherever he happened to be, several times falling on the railway track in crossing the street, and being obliged to get assistance to enable him time to rise.

At this time general health excellent and has so continued up to the present time. While on a trip to Washington City, in the month of March, 1876, he exerted himself in visiting different public offices on business, and was "strained" in going up and down the numerous steps in the public buildings. On the 22nd of April he says his legs completely gave way, and he went to Providence Hospital (Washington), where he was successfully treated with strychnine and the constant current of a good battery, remained here until the 16th of April, 1877, when he voluntarily left Providence Hospital and entered the Government General Hospital, and falling into good hands the result was gradual improvement, could walk with two canes for a few seconds, when he would have to return to a seat, owing to a general twitching of the legs. Frequently the lower limbs would become perfectly rigid and motionless, but more so in the right leg even to the toes, this trouble was removed to a great extent by *massage* or friction. While in both hospitals would occasionally be troubled with retention of urine, lasting only for three or four weeks, had no difficulty with the bowels.

Patient entered Baltimore Infirmary on July 11th, with the following symptoms: Vigorous appetite, bowels regular, unable to stand unsupported, wandering pains in the legs, with spasmodic movements and cramps; dragging of the legs in walking, and a sense of heaviness and fatigue, ending in paraplegia; frequently a strong tendency to painful contractions and rigidity in the paralyzed limbs, the legs being drawn up, involuntarily, if left to themselves, sometimes by jerks, so that the joints became rigidly fixed, increased reflex irritability in the lower limbs. No emaciation in muscles of leg, but a partial impairment of the electro-contractility of the paralyzed muscles, incontinence of urine with an acute cystitis.

Patient received the constant current three times a week during his stay; once the application of the cautery in the lumbar region, (three

spots on each side of spine,) left the hospital on the 15th of September, being able to walk with one cane and stand alone, with *great improvement* in his general condition.

Case II.—Left Hemiplegia with Aphasia in a Left Handed Man.—Jno. H. A., a resident of Virginia, age 38, came to this city three years ago seeking employment of a plasterer which vocation he has followed for thirteen years. On the last day of February 1876, while running cornice in a public building he felt a severe pain in the head which continued to get worse. Soon experienced a dizzy sensation with swimming in the head, became unconscious and fell from the scaffold on the floor, a distance of fourteen feet. At the time he had a pointed trowel in the left hand and on falling severed the brachial artery of the right arm one inch above the elbow ; being unconscious he is not now able to state the amount of hemorrhage.

He remained in a comatose condition for ten days and being roused found that he was paralysed on the left side of body together with a partial loss of speech. He was confined to bed and room for nine months, taking iodide of potash three times a day. When asked a question he would reply "me," "no," could not have his desires fulfilled, being unable to call the names of things wanted ; when he wanted "water" would call for "bread" or "tobacco," etc. The improvement in the paralysis was rapid but the aphasia contiuued up to the time of his first visit to the Professor's Clinic, (May 10th 1878). Accurate notes were taken of the case at the time, but since they have been lost, with a letter of his own composition in which there were several words unintentionally written and all badly spelt.

The patient was put upon iodide of potash gr. xv, t. d., and continued to improve all the time. The above facts are such as could be collected from this intelligent patient. Received the galvanic battery three times a week through the right hemispheres—from the hands of Mr. Herbert Harlan, a very worthy and clever clinical assistant.

Patient was admitted to hospital on June 26th, with the statement of having enjoyed very good health up to February 1876, (being the time of his fall) and since that time would suffer repeated attacks of headache. Patient denies ever having had syphilis. The symptoms of paralysis and aphasia had in part left him, he was put upon iodide of potash fifteen grains three times a day, receiving as usual his battery three time a week.

The patient gained *thirty-five pounds* while in the hospital, was discharged on September 1st, with a natural gait.

The interesting feature in this case was the fact that there was aphasia associated with the left hemiplegia in a left handed man.

Case III.—A Rare Case of Peripheral Epilepsy.—Wm. R. an American seaman, age 51, came to hospital on August 29th with the history of having had repeated attacks of convulsions or "fits" over which he had no control. He states that three years ago his house caught fire and having no aid at hand he tried hard to rescue his family, being overcome by heat he jumped out of a window near by and fell sideways on the pavement below, some twenty-five feet; he was taken up unconscious and carried to a neighbor's house; on recovering found that he had fractured the ninth rib of the left side. He was kept in bed for ten days, unable to move or talk. The headaches now commenced and he suffered more from a draft of wind and a noise than any other cause. On the first of April one year ago, he returned to sea and resumed his duties as cook. The first night while asleep a squall came up unawares and he became thoroughly drenched with rain besides suffering from extreme cold; the following morning he was "dizzy and light headed," was unable to pick up anything from the floor or look at any object without becoming blind and falling to the floor—in two weeks his condition grew worse, "fits" frequently came upon him and his doctor pronounced it "congestion of the brain," received treatment and says he improved greatly, so much so that he was able to return to work. But it was not long before the "fits" increased in severity, he now became blind and the eyes were fixed within their sockets.

His family physician attended him and he again improved, but was not well enough to return to work, so he was recommended to a hospital.

One month before coming into hospital he found that on touching a tender spot over the fractured rib of the left side, he would be thrown into violent convulsions, and furthermore if he raised his hands above his head or would stare closely at an object the same thing would occur —this likewise was his condition when he entered the hospital. He complained of darting pains in the head, with shortness of breath and unable to sleep at night, his eyes were stationary and frequently gave him great pain. It was impossible for him to stand alone when the eyes were closed. He was at once prescribed bromide and iodide of

potash, thirty (30) grains of the former and five (5) grains of the latter three times a day. In fifteen days after taking his medicine all the above symptoms had disappeared with the exception of an occasional headache.

He is now (October 18th) improved in health, strength and appearance and will be discharged in a few days.

Case IV.—An Interesting Case of Jaundice, Due to Impaction of Gall-Stones in the Common Bile Duct—with the Post-Mortem Appearances.—Daniel Daugherty, an English seaman, age 58, admitted to hospital on July 13th, with the following history: Eighteen months since attacked with a sharp lancinating pain in the right hypochondriac and lower part of epigastric region, which lasted for one hour with nausea, and vomiting of a greenish or yellowish matter, was relieved by becoming thoroughly intoxicated with whiskey; after this appetite failed, and bowels became very irregular, frequently would have chills and fever of an intermittent character, and occasionally a bilious colic.

When brought to hospital patient was emaciated, and suffered from lowness of spirits and indisposition for exertion; the conjunctivæ and whites of the eyes were stained with bile pigment, the roots of the nails, face, trunk and limbs were also tinged yellow; other symptoms were anorexia and constipation, nausea, and vomiting of a yellowish fluid, pain in the right side and lower part of stomach, which was continuous with very slight remission. There was some fever with tenderness of the abdomen on pressure. The liver was diagnosticated as atrophied, the common bile duct obstructed and hence the gall-blader presented a fluctuating enlargement. The urine exhibited a color resembling mahogany or porter and on standing would usually become greenish, on addition of nitric acid a characteristic green was observed. At the same time the stools were very unhealthy, being deficient in coloring matters, often of a pale-drab or clay color and very offensive. There was a formation of much foul gas from decomposition with consequent flatulence and passage of fetid flatus. The linen and bed clothing were tinged yellow from the perspiration.

The prognosis being considered a very grave one, it was thought that treatment would avail but little. The patient was put at once on a fluid diet consisting of milk and beef tea, treating the adynamic symptoms by stimulants. Hygienic measures were rigidly enforced and the general comforts of patient carefully watched. The patient

improved for a few days on sulphate of quinine (gr.v. t. d.,) and the following prescription:

℞.	Podophyllin,	gr.xv.
	Extr. Taraxacum,	℥ ss.
	Nitro. Mur. acid,	ʒ ij.
	Syr. Orange peel,	℥ j.
	Oil of Lemon,	ʒ j.
ℿ.	Water,	℥ jij.

Sig. Teaspoonful one hour before each meal.

Deoderized tincture of opium was administered at night when the symptoms required it. In the mean time cloths saturated with dilute nitro-muriatic acid were applied over the liver and stomach twice daily for two days. On July 22nd. the bilious colic increased in severity, emesis now grew worse and hence the prognosis more unfavorable; the above remedies were discontinued and patient put at once on an emulsion of chloroform (twelve minims to the teaspoonful) to be taken every three hours, hoping it might aid in dissolving the biliary concretions as well as by its anodyne power give relief.

Patient died at 5 o'clock on the evening of the 31st inst. and fourteen hours after death an autopsy was made with the following result: The body considerably emaciated, eyeballs and cheeks sunken with looseness of the entire integument. The liver was first examined, position natural, much smaller than the average, regular form, nothing particular with respect to superior surface, the inferior surface presented the following peculiarities: gall bladder greatly distended with gall stones and fluid (bile), the walls very thick and mucous membrane of a darkish hue, the cystic duct was obstructed, there being in the gall-bladder besides the fluid, *one hundred and seven gall stones*, ranging in size from a pea to that of a hazelnut, weighing nine drachms. On the gall-bladder about its body was a scirrhus tumor, one and one-quarter inches in diameter, two and three-quarters in length, situated near the neck was another tumor somewhat smaller in size, in the state of suppuration. The liver had already undergone softening and would freely break down under traction; a small abscess was also noticed on the inferior surface of right lobe near the posterior border about the depression for right kidney and capsule. The other viscera were entirely normal with the exception of a small bent, the walls of the left ventricle were thin and flabby. The spleen was very much enlarged and had already undergone softening.

CASE OF POISONING BY OIL OF CHENOPODIUM.

BY THOMAS R. BROWN, M. D., PROFESSOR OF CLINICAL AND OPERATIVE SURGERY, AND DISEASES OF THE GENITO-URINARY ORGANS, COLLEGE OF PHYSICIANS AND SURGEONS, BALTIMORE, MD

The following history of a most interesting case of poisoning, by wormseed oil, is submitted somewhat in detail:

Mr. X., occupation merchant, single, age 31, was a man of really excellent health, though subject to what may be styled constant "fits" of unrest and anxiety as to some imaginary disease, for which he was repeatedly physicking himself. These medicines would be either those prescribed by a physician or druggist, he always reserving to himself the right which he indulged freely, of entirely altering the prescription in kind or quantity to such an extent as to produce effects different to what were intended.

For example I have known him in one of these "fits" of depression, caused as he stated, by a serious decline in his sexual powers, a by no means uncommon fear with those who often, as he did, would *test his virility*, failing to get prescription from me, purchase from a druggist a number of those phosphorus and nux vomica pills prepared by Warner & Bro., of Philadelphia. He did not discontinue these remedies until after he had taken in the neighborhood of 25 dozen pills. On another occasion he continued the notion that he needed toning up for which he prescribed iron, that he gravely took before meals, which were almost invariably taken in such enormous quantities, and with such gusto as to make his family jocosely question the necessity for the tonic course that he had mapped out for himself.

On still another occasion I met him when he told me that he had sent to the drug store for medicine, and that to make sure of the desired effect he had taken double the quantity ordered. I might add to these numerous illustrations of a typical "hypo" in the way of urged examinations of lungs, heart, belly, penis, testicles, urine, etc., but enough has been offered to show his peculiarity. Now in striking contrast with all this, I can state that he

was actually a man of good physical health, and mentally, so far as related to his business capacity, he compared favorably with most men. He had a good appetite, regular bowels, normal urine, a muscular development which qualified him for enduring a great amount of exertion in gunning, boating and playing base ball. On Friday September 5th, he returned from an extended and successful business tour through the South. Soon after his return he consulted me, saying that he had been feeling very badly and generally "out of sorts." With the exception of a fatigued appearance, having been up a good part of the night, he looked as well as ever. Amongst other things complained of he informed me that he had been "passing worms." He seemed very positive about this, and I prercribed for him verbally one ounce of castor oil and twenty drops of turpentine. He immediately inquired of me if after the action of the medicine it would not be a good idea to "shape off," as he expressed it, with iron and quinine. To this I assented; he procured the medicine from a druggist near by, returned to my office, and after I had mixed it with whiskey he swallowed it. I remarked to him that castor oil was such a stinking thing that I would throw the bottle away at once, but, knowing his propensity as described above, I did not do this until I had observed from the label whether he had gotten the prescribed quantity of turpentine. He had ordered 30 in the place of 20 drops. I never thought of looking immediately above to note the quantity of the oil for the reason that I could not imagine a patient voluntarily increasing the dose of this disgusting medicine, and secondly that the quantity presented was evidently that or about that ordered. He remained under my sight for about one hour, during which time he spoke of being annoyed by disagreeable eructations, which made him a little sick. I left him, went on my rounds, and did not see him until 6 P. M., or about seven hours after the medicine had been taken. His first remark was that "that infernal medicine had not moved his bowels, but had made him deathly sick." He had been to witness a game of base ball, and while on the grounds he retired several times behind the benches and made unsuccessful attempts to vomit himself by using his finger. As just stated his chief and

only complaint on his return was the great nausea. I gave him one-twelth of a grain of calomel to be repeated every half hour, the explanation for the unusual effect of the oil which I offered was that for some reason it had been retained in his stomach and that the nausea had been kept up by the constant eructations. My engagements kept me from seeing him until ten o'clock, four hours after. I found that he had remained in his dining room with a cousin during this interval, playing cards. The latter on my arrival, at once asked what my patient had taked as in addition to the sick stomach he observed that there was such difficulty in walking as to make him stagger like a drunken man and to require assistance in getting him to the water closet, situated in the story above, where I found him feeling, as he said, better after his bowels had begun to move slightly. When he descended to the dining room his behavior was simply such as might be explained by a severe attack of stomachic vertigo, and he looked badly, having a good deal of pallor, and was manifestly anxious. He retired early, having failed as was his custom to close the windows and lower the gas light.

The next morning, Saturday September 6th, he did not join his family at breakfast, which did not occasion surprise, as he had already announced his intention of getting rested and taking three days holiday after his labors. Soon after his breakfast hour I entered his room and found him sleeping as quietly and sweetly as possible. In the course of two hours I again called at his bedroom when he was still sleeping as before. This time, after a more careful scrutiny of himself and his apartment, I discovered that he had vomited freely over the sheet and especially on the floor. The vomit consisted of particles of meat and bread, the constituents of the breakfast taken the day before. Not only what had been ejected but the entire chamber was strongly scented with the unmistakable odor of wormseed.

It was evident that he had retired in great confusion and haste, a box of cigars, which he had brought to his room the night before, had been thrown at a table and was found on the floor, with the lid open and the contents partly emptied. He was lying on his back partly covered with a thin spread, and so eager had

he been to reach the bed that he had not put on his night shirt. His pulse, respiration, physiognomy, and skin were perfectly natural. I left the room without rousing him, but did not begin my rounds until I had visited my office for the purpose of consulting Stillé, Ringer, Taylor and Orfila, not to mention a number of other works that could in any way enlighten me, as to symptoms of poisoning from Wormseed. Besides the known fact of the danger from an overdose no information was obtained. I returned to my patient at about 4–30 P. M. of the same day, and found him precisely as I had left him, still soundly asleep. Without much difficulty, by calling and shaking him slightly, he awoke to perfect consciousness, and at once began to call my attention to the vomiting that had taken place during the night. On questioning him he placed his hand to his ear and indicated that he could scarcely hear a word I would speak. He was much surprised at the length of his sleep and the hour of the day. I asked him where he had gotten wormseed medicine and he denied having taken any. I assured him that the odor had charged the matter he had vomited and that he must have taken some. He again denied having had any. After directing him to get up and dress himself I left the room. I returned in less than one hour to find him again asleep on the bed and all dressed excepting as to his coat. He had buttoned his gaiters, prepared a clean shirt which required him to transfer the buttons, bent his collar, in short had attired himself in his accustomed manner. I easily roused him, he still showing marked deafness, took him by the arm and escorted him to the dining room, his gait being only a little unsteady but none of the staggering nor the anxious pallor of the night before was observed. He saluted his sister and her baby in a very cheerful way and immediately asked for food. Whilst waiting he commented upon his mysterious attack, and stated that with the exception of his deafness to the sounds of the voice, but exquisite sensitiveness to the sounds of passing vehicles and the cracking of ice by the waiteress, and an annoying buzzing in his ears, he felt as well as he ever did in his life. In great doubt, under necessity, I was obliged to leave him for my office near by where he soon joined me. For a short time I was engaged in

my private office and left the patient in the waiting room. When seen again he had fallen soundly asleep. As soon as practicable I roused him, took him by the arm and walked him in the open air for about one-half of a mile. His intellection was clear, his gait steady and nothing unusual was observed but his deafness to my voice, and a painful sensitiveness to the sounds made by passing wagons. He remarked as each vehicle rolled by that it sounded like the roaring of immense cannons right into his ear. On returning to my office he spoke, for the first time, of a slight uneasiness in his belly and made an ineffectual attempt to vomit. During our walk I again inquired about the taking of wormseed medicine. I could not abandon the idea that anything but this drug could produce the odor encountered in his room. He again as before, denied having taken any.

After our walk he went to his home accompanied by myself, when I suggested to himself and sister a game of casino for the purpose of keeping him awake. He played with his usual cleverness and nothing unusual occurred until between ten and eleven o'clock when his sister played in violation of the rule by attempting to "build from the table." He instantly, sooner than myself, detected the false play and offered interruption but could not command the words to complete his sentence. After a vain effort, made for about one-half of a minute, he appealed to me in gesture if he was not right. In this he was clearly aphasic. The games having been finished I was left to watch him during the night. During the night the deafness and roaring in his ears continued. His temperature was taken and found normal as were his pulse, respiration, and physiognomy. There was some thirst. His speech was as good as ever, as shown by the anxiously clear and direct questions which he repeatedly made as to the "meaning of all this." He walked in a perfectly steady manner and the steadiness of his gait was especially noticeable as he gave chase to a rat that suddenly appeared in the room. He took during the night a few doses of a mixture containing about two drops of laudanum and whiskey, given as stimulants. Towards morning his drowsiness returned and he slept naturally for about two hours. I left him until eleven o'clock of that same (Sunday)

morning. During my absence, he was constantly attended by some member of his family and while in conversation with his sister, he for the first time admitted to his sister having taken some wormseed oil. When again seen by me he was wide awake lying on his bed and smoking a cigar, but disinclined to converse. His manner in smoking was peculiar. He would scarcely light the cigar before he would lay it down and take a fresh one, arguing clearly some perversion in his taste. This was kept up until interdicted and by the afternoon his mantel piece was strewn with cigars only slightly used. From 12 o'clock to his dinner hour—1–30, he remained in his room either on his bed or sitting up Tho' relations remained constantly by his side, he showed not the least disposition to engage in conversation. To one of his attendants he again showed signs of distinct aphasia. He clearly wanted him to get or do something for him, but could not make himself understood. His friend replied by writing on paper "Don't understand" at the same time handing him the paper and pencil with which to make known his wish. After holding them in his hand, in a pensive state for some minutes with a sort of a flourish, he wrote in a perfectly distinct hand "The paper mu," waited awhile and then with a painful expression of the realization of his difficulty returned the materials and laid down. I then repeated the attempt by asking him what medicine he had bought while away from home. After similar preliminaries as before he only managed to write two letters "Th." In reply to my question as to how he felt he responded "I feel all right." The latter, like the other words were written in a perfectly distinct manner.

I prescribed for him small doses of bromide and iodide of potash. During all this time his deafness as described, was progressive and became so pronounced as to make it impossible to talk to him. Still there was the same kind of sensitiveness to other sounds. For example when the tea bell rang, tho' he was in the third story, three flights from where the sound came, he without notice from members of his family to their utter astonishment got up and walked as deliberately as ever into the dining room. He did not seem to know his accustomed seat and sat at

the wrong place. During the afternoon his aphasia was complete so that he no longer found it possible to express his ideas to any one which seemed to amuse him very much as he laughed heartily over it. His behavior all of this time deserves comment. Whatever he did he would keep repeating it for a considerable time. When I entered the room he rose shook me cordially and firmly by the hand, and then took his seat. In about a minute he arose solemnly came forward and again shook hands with me so that by twenty minutes he had shaken hands with me as many times. He then began to wash his hands and tho' the basin contained no water he went through the form of using soap and wiping with the towel as often as a dozen times in one hour. Many acts of similar import might be offered, some of which I observed and others were described by members of his family. He urinated normally during the day and the water as seen by me looked natural.

I joined the patient at his tea for the purpose of watching what up to this time had been to me an unsolved mystery. He appeared to relish his food, taking singly tea and bread. Towards the close of the meal while grasping a fragment of bread, there was a distinct spasm of the right fore-arm and hand. His fingers were firmly clenched, and his hand forcibly flexed on the fore-arm. He was assisted to his room, his walk entirely natural and when being placed on his bed he showed some resistance in striking at me. He at once commenced to groan, draw himself up, and tossed from side to side of the bed, suggesting abdominal distress. An enema of soap and water, about one quart, was given, followed by a free involuntary movement.

He soon became unconscious, and from his movements in bed it was clear that he was paralyzed in right arm. This member was dragged helplessly after him, as my attention was first called to it by a looker on. He remained in a stupor without stertor, with a pulse of seventy, temperature and skin normal, all of Sunday night. On Monday he was seen with me by Prof. Latimer who agreed as to the evidences of cerebral pressure. There continued impairment of motion and sensation of the right side together with insensibility to touch of the right eye ball. To-

wards the evening of Monday September 8th, his temperature began to rise, and by Tuesday evening the thermometer registered one hundred and four in the axilla. For the pyrexia hypodermic injections of quinine were given in large doses. All during Monday there were frequent twitching and stiffness of the right limbs, which yielded to inhalations of chloroform. These culminated in a unilateral convulsion at daylight Tuesday morning. At about noon Monday he passed, as he continued to do to the end except when drawn off, a large quantity of his urine involuntarily in bed. A microscopic and chemical examination of the urine showed nothing of especial significance. Its odor color and general properties were such as are met with in cases of high temperature. On Tuesday afternoon the heavy breathing, with flapping of the cheeks, of apoplexy appeared There was also a more or less constant regurgitation of yellow frothy material from the mouth, which like the emanations from his skin smelled of wormseed. The accumulations of this material would at times be so profuse as to embarass respiration. During one of these attacks of dyspnœa, and while in a drenching sweat, which suggested the approach of dissolution, he was gently turned in bed, immediately a general convulsion markedly opisthotonic appeared, lasting about two minutes, despite the use of chloroform. By this time a decided icterus appeared, which had been only noticed the day before. With the exception of distressing rattling which kept up through the night of Tuesday, associated with profuse sweating, nothing worthy of note occurred.

He died about eight o'clock on the morning of September 10th, five days from the beginning of his illness in profound coma and with a high temperature in his axilla. His yellowness at the end was so marked as to make it very difficult for me to discredit a rumor, that already had become current, that my patient had yellow fever. Unfortunately no post mortem was obtained. Immediately after death I examined his body and found a threatening bed sore over the sacrum, notably on the left side. The excessive heat continued for some hours after death. There was no rigor mortis. Decomposition set in so early as to necessitate a hasty funeral.

The history of the origin, of this case continued to be uncertain

until the day before his death, when on visiting the drug store where my patient had purchased his medicines, I learned for the first time that he had changed my prescription for one ounce of castor oil to about one ounce and a-half of wormseed oil, this being the whole of the druggist's supply. To this the turpentine was added. Had I been in the habit of directing wormseed oil, I might have thought that it had been taken under a misapprehension. It is the case however that only during my service at the Baltimore Special Dispensary, where this was the chief ingredient of a favorite worm mixture, did I ever administer it. I do not remember a single instance in private practice where this remedy has been prescribed by me. No matter as to this I have learned a lesson about ordering physic verbally.

One of the many points of interest in connection with this case was the clearly defined aphasia. Why the centre of speech, wherever and whatever this may be should have been elected, as it were, as the chief seat of the attack, is a profound mystery. By referring to page 311 of the London *Lancet*, for this year, it can be seen that Dr. Lawson, in his article on the effects of hyoscyamine upon himself states, among many other symptoms, that "after sleep there still remained incoherence and aphasia.

My excuse for this detailed report, lies in the fact that in no work on materia medica, practice nor forensic medicine which I have consulted, which includes almost every modern work (English), have I yet met with a single case of fatal poisoning from wormseed oil. Since the occurrence I have heard of others, and I have therefore determined to place mine on record.

CORRESPONDENCE.

POISONING WITH CONCENTRATED LYE.

Editors Maryland Medical Journal.

Gentlemen :—On the 15th of last August I was called to see a child, aged 4 years, who had accidentally swallowed a dessert-spoonful of concentrated lye. I at first thought the mischief had not extended beyond the pharynx but a few hours later she complained of pain along the

course of the œsophagus. Dating from the time of the accident to the 22nd of same month, not a morsel of food passed into the stomach. My treatment was first, sweet oil; second, to sustain the powers of life by inunction of olei morrhuæ over the body, more especially over the stomach and upper intestines with injections of cream up the rectum, and for the mouth a solution of tannic acid with a few drops of carbolic acid as a disinfectant. On the 22nd, while throwing this solution into the mouth by means of Richardson's spray apparatus, there was an expulsive effort by which about two and a half inches of the mucous membrane of the œsophagus was ejected, presenting a perfect cylinder of the tube. I immediately put her upon quinine and bismuth, 2 grs of the former to 6 of the latter, every three hours, with libation of milk and beef tea *ad libitum*. There was a gradual improvement for a few days, the child playing about as usual but not manifesting its former interest. For three or four days about a pint of milk would be drunk in the morning, but if any attempt was made to swallow food after that, until the same time the following morning, it would regurgitate; then a period of three or four days would elapse, during which nearly every thing would regurgitate, I have no doubt due to constriction, and such is its present condition. I am varying my treatment with mucilaginous drinks.

J. Dimmitt Norris, M. D.,
No 467 W. Fayette st.

RADICAL CURE FOR NEURALGIA.

Editors Maryland Medical Journal.

Gentlemen:—As far as I am aware the "*anodyne*" treatment of neuralgia is the most prevalent one at the present day. I would respectfully invite attention to the following formula, which has been attended with the most gratifying and unwavering success, at my own hands, and those of the profession who have tested its merits. In that large class of neuralgiæ, clearly associated with, if not traceable to a *morbid* condition of the *blood*, this remedy acts like a charm, in virtue of its *radically* eliminative powers. I have usually obtained perfect relief from pain with *three* doses, and in some instances, my patients were so well satisfied at *this* stage, as to refuse further administration of the medicine.

I believe it to be equally serviceable in rheumatism and gout:

℞.	Potassii Iodidi,	℈viij.
	Resin. Podophylli,	gr.ij.
	Olei Sassafras,	gu.iij.
	Vini Colch. Semin,	ʒ ij.
ℏ.	Tr. Gentian Comp. q. s. ad.	℥ ij.

Sig. Teaspoonful in wineglass water after meals, until freely purged. Then continue medicine a few days with gradually diminishing doses.

EDW'D M. SCHAEFFER,
(*Student.*)

P. S.—To those of the profession who administer potassium iodide on the principle that "errare est humanum," I can say that in my own cases, all probability of "specific" disease was *entirely eliminated.*

E. M. S.

LARYNGOLOGICAL PERISCOPE.

BY J. H. HARTMAN, M. D., OF BALTIMORE.

CASE OF BILATERAL PARALYSIS OF THE DILATOR MUSCLES OF THE GLOTTIS (*Posterior Crico-Arytenoid*): Recovery.—In the *Berliner Klinische Wochenschrift* for June 17th., Dr. Meschede, gives the details of a case of paralysis affecting the dilator muscles of the glottis, of which the following is an abstract: Paralytic affections of the larynx are now divided into two groups—vocal and respiratory. The muscles affected in the latter group are the posterior crico-arytenoid pair, which serve to open the glottis, and are in this respect opposed by the lateral crico-arytenoid pair. While cases belonging to the former group, the vocal, are not uncommon, those belonging to the latter group, especially those involving both posterior crico-arytenoids, have hitherto been exceedingly rare. Moreover, of the cases hitherto recorded, some appear to have been cases of only partial paralysis, while in others the diagnosis was scarcely conclusive. In the present case, the existence of complete paralysis of both posterior crico-arytenoid muscles was clearly established. The laryngoscopical conditions have been figured in Bürow's *Atlas of Laryngoscopy*, Table x, figure 6.

The patient was a girl aged 19, and was stated by her mother to have been unable to speak for the last two months; there was some bloody expectoration, but no signs of lung disease could be made out;

deglutition, though at times somewhat slow, was not impeded.

The prominent affection was the difficulty of respiration. When the breathing was undisturbed, it was noisy and somewhat laborious, inspiration being specially difficult.

But on the least exertion there was great dyspnœa, and each inspiration was accompanied by a loud howling sound. Respiration generally was retarded, the pulse small and quick. Menstruation, which had always been irregular, had ceased for several months.

Examination with the laryngoscope was exceedingly difficult, being rendered still more so by impeded and diminished mobility of the tongue. When examined while respiration was calm, the vocal cords remained stationary, the glottis not expanding with inspiration. But when respiration became accelerated from agitation or any other cause, the condition of the vocal cords became reversed ; they became closely approximated during inspiration, instead of separating, so as to come almost into contact. At the same time they were not tense, and it was seen that they were drawn downwards and together by the current of inspired air.

That this was not a case of spasm of the glottis was evident, seeing the dyspnœa did not occur in paroxysm, but every time that respiration was in any way accelerated, when also the vocal cords became immediately approximated ; moreover, the dyspnœa was of too long duration.

Had this condition of the larynx not been observed, the case might have been regarded as one of hysterical simulation ; but paralysis of the dilators of the glottis can never be simulated.

Nevertheless, it was interesting to note the effect of an audibly threatened use of the actual cautery if the patient did not speak by a certain time ; for, some little time before the appointed day, she began to articulate somewhat imperfectly, while on the actual day, and within sight of the heated cautery, speech became almost natural, showing how undefined may become the boundary line between hysteria and simulation. No real improvement was, however, attained, and the dyspnœa became so great as to suggest at times the idea of tracheotomy. For the first six days after her admission to the hospital, the treatment consisted entirely of local faradization, without the slightest benefit, and of warm baths and cold affusion, with the result that on the eighth day menstruation became reëstablished.

A regular treatment, consisting of systematic subcutaneous injection

of strychnia, was now commenced, the salt employed being the soluble sulphate, in a one per cent. solution.

The amount injected was at first small (.015 grain), and produced no results, thus showing incidentally that the latter beneficial results were due not to the mechanical and psychical effects of the punctures, but to the larger quantities injected.

The amount of strychnia sulphate was now gradually increased up to .07 grain, and this increase was from the first attended with marked improvement. At first, the injections, which were given morning and evening, were followed by sound sleep and increased freedom of respiration, which latter was of short duration at first, but gradually became more established, until after the injection had been employed nineteen times, breathing remained and continued entirely free. After a period of four months there was a slight relapse, which readily yielded to the same treatment.—*London Medical Record*, July 15th, 1878.

Varieties of Obstructed Nasal Respiration; its Causes, Symptoms, and Treatment.—At the recent meeting of the British Medical Association, in the section on surgery, Dr. Lennox Browne read an interesting paper on the above subject; of which the following is a brief summary:

This condition, being one which may be produced by a variety of pathological processes, calls for both special local and for general knowledge, alike in the matter of diagnosis and of treatment.

Congenital atresia of the nasal passages, syphilitic ulcerations and cicatrices, perversion of the septum nasi from the median line due to congenital and accidental causes, neurosis, and polypi, were adverted to, and a case of angular curvature of the upper cervical vertebræ forwards was mentioned as a comparatively unnoticed cause of obstructed nasal respiration.

The particular conditions noticed in detail were those of strumous and catarrhal hypertrophy of the turbinated bones, and of the septum, and their coverings, and of the naso-pharyngeal vascular and glandular tissue. The strumous cases were described as those in which, although there is a strong tendency to chronic enlargement of gland-structure, such result is due rather to chronic inflammation with hyperplasia of the normal lymphatic tissues than to the actual development of tubercle, in which last condition there is a great aptitude for the case to terminate in caseous degeneration, or in slow and unheal-

thy suppuration; and this condition was called strumous, as distinguished from scrofulous, which term, according to the author's suggestion, should be reserved for the atrophic and carious form, and the same distinctions being possible in analogous conditions of the eye. ear, throat, etc. The pathological condition in the strumous class is one of simple hypertrophy of normal structures, particularly of the adenoid tissues in the naso-pharynx and vault of the pharynx, there being but little vascular congestion. In the catarrhal class, which may occur in persons quite untainted by struma, there is considerable hyperæmia and a varicose condition of the vessels, with great hypertrophy of the tissues covering the lower turbinated bones, so as in many cases to lead to the idea that there is a distinct neoplasm, from which it may, however, be distinguished by its site, its scarlet color, and its fixedness.

Mucous secretion is generally arrested in the strumous class; excessive, with frequent acute exacerbations of eczema, in the catarrhal. The symptoms are those affecting: *a*, respiration, the patient breathing only through the mouth, by which the air is insufficiently warmed, mo stened, and filtered, and asthmatic paroxysms are induced; *b*, the sense of smell, which is impaired, not because the olfactory portion of the nose is attacked, but because the air cannot reach it, or because the thick mucous secretion prevents the nervous expansion being so sensitive to stimulation; *c*, the hearing, deafness being due to: 1, extension of hypertrophy along the eustachian tube, by which its calibre is diminished; 2, Blocking of the orifice with mucous; or 3, non-equalisation of the air in the tympanum, either the faucial or the nasal opening being closed; *d*, the speech which is thick and dead, and articulation of those consonants—m and n for the proper pronunciation of which a free passage of air through the nostrils is necessary, is perverted, so that they sound as b and d. In addition to the disturbance of these important functions, the mouth being always open, the throat becomes dry and painful, use of the handkerchief is either constantly required, or is quite insufficient in clearing away secretion.

The breath is offensive; digestion is seriously disturbed, and all social intercourse is attended with discomfort. Treatment should be directed to improve the dyscrasia, to remove the obstruction, and to so change the secreting surface as to prevent recurrence of the trouble.

When the secretion is deficient, as in strumous cases, iodide of potassium with iodide of iron is useful. In the opposite condition,

small doses of opium or chloride of ammonium with cinchona are advised. The use of snuff, of the anterior syphon douche, and of sprays, were deprecated; but stimulating vapour inhalations, post nasal douches, and applications of iodoform either in ethereal solution (one in twelve), or as an ointment, in the proportion of five grains to the ounce of vaseline, were especially recommended.

All mechanical dilatation, cutting, and crushing, had been found useless by the author, who removed all over growth which will not disappear under milder measures, by means of galvano-cautery, the quickest, safest, and least painful of any operative procedure.—*British Medical Journal*, Aug. 24, 1878.

Treatment of Naso-Pharyngeal Polypi.—In a pamphlet devoted to this subject by Dr. D. Juan Creas Y. Manso, of Madrid, he gives the details of the symptoms and treatment of a formidable case of naso-pharyngeal polypus, in which he performed ablation of the upper jaw.

The hæmorrhage appears to have been unusually great, and the case terminated fatally on the eighth day.

He takes the opportunity of reviewing the treatment of these cases, and the conclusions at which he arrives are:

1. That the so called naso-pharyngeal polypi, which grow from the base of the cranium, are in reality fibromas, and ought so to be called.

2. They not only invade the pharyngeal and nasal cavities, but they may make their way into other adjoining cavities, through the apertures normally existing, into which they penetrate after the fashion of a wedge.

3. They produce very serious hemorrhages and symptoms depending on their increase of volume, leading to disturbance of important functions.

4. The cavity of the cranium itself is not free from their attacks, and after making their way through the bony walls, they may occasion immense losses of substance, without revealing their presence by any active symptoms.

5. It has not been shown that they cease to increase as the patients pass from youth to adult age, though they are most common in youth.

6. When the increase in size of the tumor, and the hæmorrhage or other symptoms, threaten the life of the patient; if there be no evidence that it has penetrated the cranium its removal is indicated.

7. Palliative operations are useless, and at the same time serious, since they have to be repeated on account of new growth of the tumor. Their radical extirpation is sometimes followed by successful results.

8. Although it has not been shown that any operative procedure will prevent relapses, the radical cure should fulfill two objects; first, to destroy the tumor; and, secondly, to leave an opening sufficiently large to enable any recurrence of the tumor to be immediately attacked by some destructive agent.

9. All forms of ligature or cauterisation are ineffective; excision is difficult and accompanied by severe hæmorrhage; avulsion difficult and incomplete; electrolysis is also imperfect and incomplete.

10. These tumors cannot be attacked by the natural orifices, but Nélaton's or the palatine plan may be of service when there are no extensive ramifications.

11. Resection of the maxilla, although it causes an irreparable loss of substance is necessary in complicated cases, and is not in itself a serious operation.

12. The floor of the orbit and eye should be preserved if possible, as well as the anterior face of the resected portion of bone.

The cutting pliers are preferable to the chain-saw in the greater number of cases, because it can be applied more rapidly, and the cut is clean.

Lastly, the so-called osteo-plastic resections do not satisfy the second desideratum of the radical cure.— *The London Lancet*, July 20th, 1878.

Notes on Alterations of the Larynx in Tuberculosis.— *The Lancet*, Aug. 3rd, 1878.—In this paper, Faurel and Audré do not attempt to give a description of the pathological histology of alterations of the larynx in cases of laryngeal phthisis, but simply publish the result of their researches in the larynx of one tuberculous patient; the alterations which existed upon this larynx extended all over the surface of the organ, and it was easy to see, with the naked eye, all the modification that supervene during the course of tuberculosis; a point worthy of note, was the fact that these alterations were principally situated in the adherent borders of the epiglottis, at the basis of its laryngeal surface in the ventricles, on the superior vocal cord, which latter, however, was less implicated on its marginal border, than was the inferior vocal cord.

The whole extent of the mucous surface was œdematous and ulcerated, dotted over by small elevations which were irregularly distributed, lifting up the mucous membrane, and forming little tumors varying in consistence according to the period of their evolution; the stumorse were either isolated or assumed a linear distribution, leaving between them interstices, which by the aid of the microscope, were shown to contain a great number of pus globules, some few red globules, and epithelium at different stages of degeneration; the sections which were made and which formed the subject of the researches, were taken from the whole extent of the mucous lining, from the epiglottis down as far as the third ring of the trachea. The lesions which were found on nearly all the sections taken from the zone extending from the base of the epiglottis to the cricoid cartilage were so advanced that it was extremely difficult to divide them.

The mucous membrane in the neighborhood of the arytenoid cartilages, and especially of the thyroid cartilages, was nothing but a granulating mass, irregular in aspect, but filled with cellules undergoing fatty degeneration, and numerous pus globules.

What was found there was what exists in the final period of decomposition of any tissue. irrespective of the cause that may have brought about that decomposition.

Such was not the case in the portion of the mucous surface situated above the base of the epiglottis, or that of the trachea, or on the free border of the right superior vocal cord. In these portions were found, in their primitive stage, all the series of development of tubercles.—*New York Med. Journal*, October, 1878.

Syphilis of the Epiglottis.—According to Klemm (*Chl. f. Chir.*, 1878, p. 386; from *Arch. der Heilk.*) this form of syphilis is not so rare as is usually supposed, but the symptoms, especially at first are so slight as easily to escape notice.

In the earlier stage the epiglottis is reddened, swollen, and beset around the edge with small ulcers, the borders of which are sharply defined, and covered with a dirty coating. Already, even in this stage the affection resists treatment. Of the severer forms two are to be distinguished; first, the *hypertrophic* or chronic inflammatory form, in which the epiglottis, or a part of it, is changed to a thick, firm lump, which may be confounded with acute non-syphilitic processes; second, the *ulcerative* form. This latter is more frequent. Here we find deep ulcers on the epiglottis. with thick protruberant borders.

Beginning usually at the edge, they consume a portion irregularly, and may eat away the whole epiglottis.

The process may last for years, may involve the glottis, and lead to stenosis of the latter. At this point, however, infiltration and swelling are often found without ulceration, which is important in the diagnosis between this form of disease and tuberculosis. In the course of time, in syphilitic cases, certain characteristic crumplings and contractions form in the epiglottis. Pain on swallowing is among the most noteworthy symptoms.

Painfulness to the touch however, is not noticed. In this respect syphilitic disease, differs from the tuberculous affection, where the epiglottis is very sensitive to the touch.

Syphilis of the epiglottis appears only after some years from the initial lesion.

It seems to occur more frequently among women than among men. It is remarkable that in these cases, even where the entire epiglottis has been lost, the patient can swallow without difficulty, and experiences no particular irritability of the glottis.

Carcinoma and tuberculosis are alone to be distinguished from syphilis of the epiglottis, and here outside manifestations, history, etc., come into play, as local differences often cannot be made out. Treatment is both local and general.

The disease is apt to be chronic. Klemm gives note of seven cases.—*Phila. Med. Times*, August 31st 1878.

REPORTS OF SOCIETIES.

MEETING OF BALTIMORE ACADEMY OF MEDICINE, HELD OCTOBER 15TH, 1878.

(Reported for the Maryland Medical Journal.)

Dr. H. P. C. Wilson reported the following case of amputation of the cervix uteri for epithelioma with Paquelin's thermo-cautery, and exhibited the specimen of the removed part. (The report in full by the author will be found in the December number of the MARYLAND MEDICAL JOURNAL. Editors)

Dr. A. F. Erich said the amount of hæmorrhage in the case was due to the white heat which cuts as rapidly as a sharp knife; the temperature should not be raised above a dull red. He has operated twice recently by this method and has also thus removed internal piles and irritable urethral caruncle of the female. The cervix is best amputated with Tieman's chain écraseur; the danger of drawing in the peritoneum with this is imaginary, and it involves little, indeed, surprisingly little hæmorrhage. The thermo-cautery is useful afterwards to scoop out the cervix. Statements of the danger of amputating with the écraseur appear to him as excuses for a faulty application of the chain. If there is any tendency of the chain to slip during the operation, it is downwards towards the smaller end of the conical cervix. The intravaginal portion of the cervix appears longer than it really is, when the patient lies in the dorsal or lateral position. If the chain is applied in either one of these positions, the danger of opening the peritoneum is great, because it is very apt to be applied too high. This can however be entirely avoided by the application of the chain in the elbow and knee position, when the roof of the vagina will be on the stretch and it will be next to impossible to include any portion of it. He has thrice amputated with the écraseur and once with the scissors and Simon's spoons, in the last year,—all for malignant cervical disease. He does not consider the operation a very serious one, and all the patients have greatly improved. In hypertrophy of the cervix he prefers the knife and scissors; anterior and posterior flaps are made and united by wire sutures. He can thus produce an almost normal cervix.

Dr. Wm. T. Howard thought there was no question as to the propriety of the operation in Dr. Wilson's case, but opinions differ as to the advantages of the galvano and thermo-cautery; Byrne and Nœggerath both prefer the former. Thinks Tieman's chain-écraseur could have been used without any greater hæmorrhage.

He reported two cases:—1. Female, aged 36, came under treatment about six years ago, having had profuse hæmorrhages for several years. The entire cervix was involved by a malignant

cauliflower growth the size of the fist, which filled the vagina completly; this was drawn down as far as possible towards the vulva, with a volsellum forceps, and then the entire vaginal portion of the cervix and a considerable portion of that above the vaginal junction removed with the saw scissors, by the sense of touch alone, it being impossible to use that of sight. The amputation occupied forty seconds. Hæmorrhage was very profuse, but was checked by the application of iron cotton (i. e., cotton soaked in sol. subsulph. iron, part one, water parts two, and then applied merely damp), with a tampon of damp cotton over it. The tampon was removed in a few hours, but the iron-cotton was left in sitû for several days, until detached and loosened by suppuration. A hollow cone-shaped cavity was left above the vaginal junction, which subsequently contracted, and after about eight weeks presented the appearance of the os tincæ of a multipara some years beyond the menopause with entire obliteration of the anterior and posterior cul-de-sacs of the vagina. The epithelioma did not involve the vagina at all, being confined exclusively to the cervix, nor was the mobility of the uterus interfered with. Patient was discharged well in about two and a half months; (2,) a widow, aged 26, previously supposed to be suffering with granular ulceration, which was very obstinate and accompanied by constant hæmorrhages. A minute portion of the diseased growth was removed and examined microscopically by Dr. Tiffany, and found to present the characters of epithelioma. The operation was done slowly with Tieman's chain-écraseur and occupied fifty-six minutes; the hæmorrhage was very considerable, but was controlled by the iron-cotton. The recovery was complete, and five years have elapsed without any return. Other cases have been operated on with the wire-rope ecraseur, without any greater hæmorrhage. At one time, he had under treatment seven cases of malignant disease of the cervix, five of which were epithelioma, which in his experience is more common than the medullary cancer. Has never seen but one case of scirrhus of the cervix. In view of the importance of an early diagnosis of these cases, he urged the necessity of examining all women with symptoms of uterine disease, especially married women, virgins only when

absolutely necessary. In the majority of cases of malignant disease of the cervix, the disease has already invaded the vagina when first seen. Byrne and Nœggerath operate even in such advanced cases, removing all the diseased tissue they can with the galvano-cautery.

Is the operation of removing the cervix by the galvano, or thermo-cautery a safe one? Goodell had three deaths from the galvano-cautery; in one of these he amputated a hypertrophic elongation of the cervix in a lady otherwise in good health. He did not open Douglass' pouch, but the patient died of a furious peritonitis within forty-eight hours. His second case was one of prolapse of the uterus from hypertrophic elongation of the cervix, in a woman 80 years of age, but who claimed to be only 60; secondary hæmorrhage supervened on the 17th day, which was arrested by packing the vagina secumdum artem. On the 21st day another hæmorrhage occurred with fatal result. His third case was one of cancer of the uterus; the cervix was removed slowly with a dull red wire. In a week hæmorrhage occurred, but was checked, but returned in a few days and proved fatal. Thus one case died from peritonitis and two from secondary hæmorrhage, after the use of the battery in amputation of the cervix; still Dr. G. considers it the best method of operating.

Dr. Howard had a case in which he removed an epithelioma-tous cervix in a colored woman with the saw scissors; the hæmorrhage was controlled by iron cotton, but she died in eight or ten days of peritonitis. Peritonitis is liable to occur from any method of operating. The knife has now been abandoned. He prefers the wire-rope écraseur for elongated cervix. In a case of this seen at the Carrollton Hotel, the cervix was four to five inches long and when the patient stood up projected from the vulva about one inch. In operating the hæmorrhage can be controlled to a great extent by Emmet's uterine tourniquet. Bromine was recommended by Mr. Routh of London, as one of the best local applications for advanced cancer. Dr. H. tried it in a case in which the vagina was so far involved as to contra-indicate amputation; the formula used was

℞	Bromini,	m, v.
	Spir. Vini,	m. l.

A piece of lint, the anterior surface of which was well soaked in this solution, was applied to the diseased uterine surface and kept in situ by pledgets of damp cotton; after forty-eight hours it was removed and the part dressed with damp cotton. After some six or seven days the slough came away, leaving an apparently healthy granulating surface. Tannin and glycerine, in the proportion of ℥i to the ounce was applied afterwards, and carbolized injections used for a long time, iron and arsenic being given at the same time internally. Bromine is the most unmanageable of all caustics.

The acid nitrate of mercury has been strongly recommended by the late Dr. John P. Mettauer, of Va., and Dr. Fordyce Barker, of New York, an account of which may be found in the 3rd edition of Thomas on Diseases of Women. Dr. Howard tried it in two cases; in both dysenteric symptoms with profuse salivation followed, and in one paraplegia; both proved fatal in seven or eight days, death being doubtless hastened by the treatment which had been so strongly recommended by these high authorities. Dr. H. related these cases to Dr. Thomas and observed that the latter had omitted all mention of the acid nitrate of mercury treatment in his fourth edition. Sims prefers the chloride of zinc; Emmet has come to the conclusion that all active interference in the advanced stage of cancer of the uterus, when the vagina has become extensively involved is unwise and Dr. Howard coincides with this view and believes the best thing then to be done is to use astringent and disinfecting injections, such as solutions of carbolic acid, alum, acetate lead, and permang. potash with glycerine.

Dr. Chisolm thought, in view of the amount of the hæmorrhage in Dr. Wilson's case, the operation might have been performed as well with the knife.

Dr. Wilson replied that he did not wish to be misunderstood in regard to the hæmorrhage; not more than six drachms of blood were lost altogether, but this was sufficient in itself and in the steam which arose from it to obscure vision and in that man-

ner to embarrass the operator. For ordinary operations he prefers the écraseur, but in malignant disease where it is desirable to remove the diseased tissues as far up as possible, the thermo-cautery is best. He has amputated the cervix six times altogether. His first operation (one for procidentia uteri) taught him the necessity of using the tampon in all cases after the completion of the operation; in this he first applied Emmet's uterine tourniquet, then split the cervix bilaterally with scissors and removed each half successively with the same; he then drew the mucous membrane over the wound, uniting it by silver sutures. The result seemed to be perfect, but in a few hours secondary hæmorrhage came on and was so profuse as nearly to cost the patient her life. It occurred at night, but was checked after removing the stitches and applying persulphate of iron and a tampon by candle-light.

He had recently seen two cases of secondary hæmorrhage reported, which occurred after amputation of the cervix with the galvano-cautery.

He approves of operating in the advanced stage of cancer of the cervix, with a view to check hæmorrhage, correct fetor and absorption of putrescent matters, add to the patient's comfort and prolong her life.

Dr. Chisolm spoke of the curious coincidences that occur in surgical practice and in illustration narrated the following incidents: A man presented himself who had received a wound in the eye from a pin seven years previously. This pin had been thrust through a chinquapin and this was thrown at him in play, striking him upon the eyeball, the point perforating the cornea and pupil and injuring the ciliary region. Sight became dim and soon disappeared altogether from the eye. In course of time pain ensued with gradual enlargement of the eyeball and development of a ciliary staphyloma. He appeared for surgical treatment, to get rid of the painful and dangerous malady. Whilst this patient was upon the operating table, having the eyeball removed under chloroform, a woman presented herself for surgical treatment with a similar pathological condition. The destruction of her eye was brought about by a prong of a fork perforating the centre

of the cornea, injuring the iris and producing internal inflammation. She also desired to get rid of the constant pain and therefore followed the preceding case to the operating table and had her painful eyeball also removed.

Three cases of squint presented themselves simultaneously for operation at the Presbyterian Eye and Ear Charity Hospital, one internal, one external and one inferior squint. These cases were operated upon successively under chloroform and had the obliquity corrected. Dr. C. also reported the following cases:

1. A farmer, aged 35, when 16 years of age had had eczema of chest, head and face; large portions of the skin exfoliated, leaving cicatrices still visible. The eyes also became inflamed and the whole of the epithelial surface of both eyeballs was exfoliated, resulting in complete adhesion of the eyelids and eyeballs. In the left eye the lids had closed, covering in the eyeball; in the right eye adhesions had occurred between the lids and eyeball, leaving the entire cornea exposed. The cornea is dry, thick, and clouded, and so devoid of sensibility that he can rub his finger upon it without more discomfort than touching the skin of his face. The puncta lachrymalia and excretory ducts of the lachrymal glands are all completely occluded so that no tears have touched the cornea for 18 years. It often becomes so uncomfortably dry that he is compelled to wet it, especially in hot weather. The lower and inner third of the cornea is sufficiently translucent to exhibit the outlines of the pupil, and with this eye he has vision enough to conduct the ordinary work of a farm. Should dust blow into the eye, which often occurs, it remains there for hours until he has an opportunity to wash it out, and it gives rise to no discomfort When under emotional excitement he imagines that tears pass into the nose, but they never show themselves in the eye. He mistakes the hypersecretion of nasal mucus under nervous excitement for the lachrymal fluid. As an idiopathic symblepharon the case is nearly unique, lid adhesions from application of caustic, as lime, potash, or hot iron being very common. The patient applied to have the skin, as he called it, over the front of his eye taken off. His family physician, many years ago had tried this experiment upon his

left eye, and it eventuated in emptying the chambers and causing shrinking of the eyeball. He urged a renewel of the experiment upon the right eye, which was declined. Dr. C. prescribed for this patient a solution of atropia in castor oil for local use; a few drops of this in the eye, not only dilated the pupil increasing amount of vision, but rendered the cornea softer and more transparent. In answer to an inquiry of Dr. Howard why he prescribed castor oil in preference to glycerine, Dr. C. answered that glycerine by imbibing fluids would become so liquified as soon to flow away from the eyeball leaving the surface even drier than before, whilst the oil having no affinity for water would remain in contact with the eyeball, giving full protection.

2. A young woman syphilized by her husband presented the curious appearance of gummatous tumors of the sclerotic. Iritis had set in three months before in the left eye, thoroughly occluding the pupil, destroying vision and rendering the eyeball boggy, and six weeks later the right eye became involved in a similar pathological condition. At present the patient is blind having only perception of light. Both pupils are completely occluded, and anterior chambers effaced. The lower part of the iris of each eye is whitish, the result of gummatous formations of iris. Two swellings, each the size of a small pea, are seen directly beneath each cornea; in appearance they resemble abscesses ready for opening, but upon more careful inspection they are found identical with the gummatous swelling of syphilitic origin. The bilateral symmetry in this case is most curiously sustained, and the rare condition observed of gummatous formations of the sclerotic tissue.

3. A gentleman aged 60 had a chancre 35 years ago; three months since the third nerve of the left eye suddenly became paralysed and the eyeball became everted. He recovered rapidly under specific treatment, aided by electricity. There was no evidence of specific trouble in the interval.

4. A gentleman, aged 65, in whom both lids fell, both of the third nerves being paralyzed. He did not come under observation until twelve months after the accident and treatment had no effect. After the primary sore he had had no trouble until this

paralytic condition ensued. He had married and had a large family of perfectly healthy children.

5. One month ago a patient had a severe pain in his left eye and the next day saw double from paralysis of the sixth nerve. There was no other trouble and no syphilitic history. Any irregular paralytic condition of the muscles of the eye in a healthy individual usually excites a suspicion of syphilis, and three-fourths of such paralytic cases may be traced to a syphilitic origin.

Dr. Miles confirmed the statement of Dr. Chisolm that syphilitic affections often come on many years after the primary trouble and without any evidence of specific disease in the interval. These lesions are proven to be syphilitic by the post mortem examinations.

Dr. Morris read the following letter, from Dr. Drysdale, of Philadelphia, giving an account of the last illness and autopsy of the great ovariotomist, the late Dr. W. L. Atlee:

Philadelphia, Sept. 17th, 1878.

Dr. John Morris.—

Dear Doctor:—In April, 1876, Dr. Atlee operated in three days, in three different cities, travelling for this purpose three nights in succession. One of these patients was suffering from cancer of the uterus. He returned home feeling greatly prostrated, and at once took to his bed. I found him with a low fever, tympanitic abdomen and tenderness in the left iliac region, in fact having all the symptoms of a patient in the second week of typhoid. He recovered from this in about ten days, but from that time his health failed, he lost color and emaciated rapidly. Last February a small lump was found projecting below the border of the ribs on the left side. This increased rapidly, and, by June, extended from the nipple to the ant. sup. spinous process of ilium. It consisted of a comparatively soft mass above, terminating below in hard nodules. It was supposed to be a malignant disease of the spleen. The liver was also greatly enlarged, and its lower border was on a level with the ant. spinous process. In the latter part of June, the tumor slowly diminished in size, and continued to contract until nothing could

be felt except the hard nodules just below the ribs. In the autopsy, made September 9th, the spleen was found enlarged to about twice its usual size, but was healthy in structure. It was located more anteriorly than normal, and just under it was a large soft mass, which a careful examination proved to be the left kidney. It reached from the diaphragm, above, to the promontory of the sacrum, below, and was firmly adherent to all the parts beneath it, incorporating the aorta, the ureter, and other structures in its mass. Its estimated weight was two pounds. It proved to be a medullary cancer of the kidney. In its growth it had pressed on the vessels of the spleen, causing engorgement of this organ, which enlarging, covered the organ at fault. The ureter being impervious, and the secreting structure of the kidney destroyed, of course prevented anything from this organ reaching the bladder. These facts explained why the disease was mistaken for cancer of the spleen. The urine was repeatedly examined but nothing abnormal found.

A growth of, I think, the same nature was found in the right ventricle of the heart. It was of a fawn color and about the size of an English walnut. It was firmly attached to the wall of the heart just below the tricuspid valve. The cystic duct of the gall bladder was enormously dilated and the gall bladder filled with a nearly clear watery fluid, colorless. This was examined with the microscope, and found to contain crystals of cholesterin and groups of small pavement epithelial cells, which had undergone fatty degeneration. The dilatation of the duct was caused by its obstruction by a biliary calculus.

Now, my dear doctor, I believe I have given you all the points of interest in this singular case.

Yours very truly,

T. M. Drysdale.

Dr. Howard stated that he had examined Dr. Atlee last March; his heart-sounds were normal, his spleen enlarged, and the cancerous cachexia well marked. Vomiting was a prominent symptom.

Dr. Van Bibber thought sufficient stress was not laid upon the possibility of disease of underlying organs in abdominal tumors,

which apparently involve only superficial ones. He has met with several cases, which teach him not to lose sight of such a possibility, particularly where the tumor is connected with the omentum, and to make a thorough examination in all such cases of the contents of the abdominal cavity.

EUGENE F. CORDELL, M. D.,
Reporting Secretary.

REPORT OF THE PROCEEDINGS OF THE BALTIMORE MEDICAL ASSOCIATION, OCTOBER 14, 1878.

(Reported for the Maryland Medical Journal.)

This being the first meeting since the Summer recess the president, Dr. John Neff, welcomed the members and expressed the hope that the medical fraternity would continue their interest in the Association thereby making it as successful in the future as it has been in the past.

After the transaction of routine business an interesting description of the severe form of dysentery, which prevailed at the "City Alms House" or "Bay View Asylum," was lucidly given by Dr. St. George W. Teackle, the attending physician. The vegetables consumed by the inmates had been grown on land where night soil had been freely deposited, and the doctor held the opinion that this was the cause of the epidemic. An open sewer also passes through the building, which was decided to be very deleterious to the health of the inmates.

Dr. G. L. Taneyhill produced a large tumor which he had extirpated on the 28th of August, and gave the following history: Mary Scott, colored, æt. 40, married, has had three children, weighs about 145 pounds, came from Mount Washington, Baltimore County, March 11th, 1878, and submitted to having what was then thought to be a fibroid tumor, removed, which was as large as a goose egg and situated over the 2nd and 3rd dorsal vertebræ; the hemorrhage was checked by torsion of the many small vessels the lips of the wound drawn together and dressed with glycerate of carbolic acid, B. Ph. the sutures were removed on ninth day, and to all appearances the woman was entirely relieved. June 28th, she called again and on examination dis-

covered just below the fourth dorsal vertebra a nodulated excrescence, the size of a hickory nut, from which oozed a sanious fluid which had a cancerous odor, but at this time neither this nor the tumor which had existed two inches above it, had that hard and fixed base that is characteristic of cancer, nor had there been the "neuralgia" after the extirpation of the first tumor, on which Robert Ferguson places so much stress in predicting a second cancer. Careful inquiry revealed no cancerous diathesis in the relatives; the woman was in all other respects very healthy; the first tumor had certainly been removed completely, the excavated surface presenting a perfectly glazed appearance.

Carbolic acid dressings were ordered and syr. ferri iodidi gtt. xv. ter die prescribed. She returned on the 14th of July, the tumor had in these seventeen days grown to be three times as large as on the 28th of June, and had been bleeding every few days. The internal treatment was continued and glycerate of tannic acid ordered to be applied morning and evening. This had the effect of checking the hemorrhage, and to some extent arresting the growth of the fungus. On the 26th of July it had become excessively vascular, and on the 17th of August the hemorrhage returned. The growth had now enlarged to the size of 4+3½ inches and raised above the surface 3½ inches; it had the appearance of blood clot mixed with brain and emitted a peculiar odor. Dry per sulphate of iron was successfully used and a compress with adhesive strips applied. Eleven days subsequently, on the 28th of August, the weather being quite cool, Dr. Taneyhill, with the assistance of Dr. J. R. Uhler, removed the tumor he now presented for inspection by the members.

Two lateral elliptical incisions were made extending from 3rd to 9th dorsal vertebræ, the superficial tissue dissected up, and with the finger-nails, traction, and the handle of the scalpel the whole mass was easily removed.

No arteries required ligatures, the hemorrhage being checked by caustic, ice, and liq. ferri. sub. sul. The concavity presented a surface 9 inches long, 5 inches wide and 1½ inches deep, but by a figure of eight bandage under the axillæ, the scapulæ were approximated and six (6) deep stitches easily closed the wound;

carbolic acid dressings were used, there was a moderate amount of suppuration, the cicatrices were even and the woman returned home in thirteen days and has since attended regularly to her household duties without any appearance of another growth, and without any disturbance to her health. She submitted to the operation without *chloroform.* The main point of interest was the very rapid growth of the tumor, attaining four inches in diameter in less than two months. The question would naturally arise, did not the extirpation of the first tumor cause the rapid growth of the second by the incision of a neighboring root.

Although there was no hereditary cause discovered, Dr. T. was inclined to believe that it was malignant, and termed it "Fungus Hæmatodes," he desired it to be referred to two pathologists for microscopic inspection. On motion the President appointed Drs. Uhler and Tiffany such a committee.

The appointed disputant for the evening, being detained, by illness in his family, the regular order of business was resumed, and the Association shortly after adjourned.

W. A. B. Sellman, M. D.,
Reporting Secretary.

RECENT PROGRESS IN DISEASES OF CHILDREN.

BY B. F. LEONARD, M. D., CLINICAL ASST. MD. WOMAN'S HOSPITAL.

Sea Air and Sea Bathing in Children's Diseases.—Dr. Jerome Walker (proceeding Med. Soc. of Co. Kings, May, 1878), gives an analysis of the work done by several sea-side homes for children. Dr. Bennett, of the Atlantic City house, writes that some diseases are made worse by a short stay at the sea shore, others are uninfluenced, and others still are benefited. In the first class are most of the diseases of the skin, and the inflammatory diseases of the skin, and the inflammatory diseases of the eye, except when of strumous origin, or after a prolonged stay at the seaside.

The second class includes cases of heart disease, Bright's disease, epilepsy and locomotor ataxia. The third embraces asthenia,

convalescence from surgical operations, long sickness and even from scarlatina, cases of chronic nasal and pharyngeal catarrh, consumption in its early stages before breathing is impaired, joint diseases and chorea. Children suffering from debility and summer diarrhœa should have ten days to two weeks at the sea-side to derive permanent benefit, and for joint diseases several weeks. At the Beverly home "there is almost an invariable improvement in pretty much every class of cases except lung troubles; many severe cases of cholera infantum begin to improve immediately after their arrival at the sea-shore; if no improvement is noticed at the end of the second or third day, it is rare to occur at a later date.

At the Coney Island home fully three-fourths of the children admitted under 5 years of age were convalescents or were suffering from some form of gastric or intestinal trouble and nearly all recovered after a weeks stay.

Ulceration of Frænum Linguæ in Pertussis:—(*Br. Med. and Surg. J.*, Sep. 21st, 1878,) Dr. W. N. Moccall, calls attention to this ulceration as a valuable aid to the diagnosis of pertussis. It is not a constant lesion, but exists in about one half of the cases. Its cause seems to be mechanical; in the cough the frænum is stretched and the tongue is rubbed in a sawing manner on the lower incisors. In any other situation than the front of the frænum it seems to be due to irregular teeth. Bouchut's dictum is "that a child which coughs and has this ulceration on or near the frænum linguæ certainly has whooping cough."

Dr. C. Elliott (*Br. Med. J.*, Sep. 7th, 1878), has found this ulcer present in only 25 per cent. of his cases. He thinks its origin is both follicular and mechanical, but it has been found in children which had not yet cut their teeth.

Localized Atrophy in a Girl.—Dr. Jacobi, (Ib.) reported a case: The girl was 9 years of age; she had been subject to convulsive attacks from her third year. There was atrophy of the tissues over the right eye consequent on a fall, discoloration had succeeded with some inflammatory brain symptoms. The condi-

tion involved a very thin skin, absence of subcutaneous tissue, almost complete absence of muscle and moderate atrophy of bone.

Dr. Jacobi recommended arsenic in serious disorders of general nutrition; it should not be given by the mouth, but should be administered hypodermically. This girl had received subcutaneous injections of Fowler's solution (beginning with four drops, increasing to eight) twice a day for six weeks, with marked improvement.

Case of Disseminated Cerebro-Spinal Sclerosis;—In a child 7½ years old, is reported (*Lancet*, Aug. 10th, 1878), by Dr. F. Pollard. The boy was quite well until his second year when he had scarlet fever accompied by severé convulsions; he had no fits during teething; there was no hereditary nervous tendency. During convalescence from the scarlet fever the peculiar tremblings were first perceived and gradually became more marked. He again had convulsions at the 5th year, but none afterward. The treatment, two months in duration, made no impression on the disease.

Pseudo-Hypertrophy in a Girl.—Dr. A. Jacobi (*Am. J. Obs.*, October '78.) Patient was a girl 8 years old had always been healthy. The swelling involving, four years ago, only the right leg remained stationary until three months ago when it began to increase rapidly. It did not involve the foot, nor the gluteal muscles. There was only slight interference with motility, the sensibility was not affected. Under the influence of mercurial treatment the circumference of the thigh had diminished nearly three centimetres.

Congenital Absence of Rectum: Colotomy.—Mr. Elkington (Ib.) reports a case in which the operation was followed by death on the 8th day. A preliminary attempt to find the rectum was made; the post mortem showed that it was missed by only half an inch.

SELECTIONS.

The Diagnosis and Treatment of Intestinal Obstruction. —At the late meeting of the British Medical Association (*British Med. Journal*, August 31, Mr. Jonathan Hutchinson read a paper on this subject, and presented for criticism the following

Memoranda for Diagnosis.—When a *child* becomes suddenly the subject of symptoms of bowel obstruction, it is probably either intussusception or peritonitis.

2. When *an elderly person* is the patient, the diagnosis will generally rest between impaction of intestinal contents and malignant disease (stricture or tumour).

3. In *middle age*, the causes of obstruction may be various; but intussusception and malignant disease, both of them common at the extremes, are now very unusual.

4. Intussusception cases may be known by the frequent straining, the passage of blood and mucus, the incompleteness of the constipation, and the discovery of a sausage-like tumour, either by examination *per anum* or through the abdominal walls.

5. In intussusception, the parietes usually remain lax, and, there being but little tympanites, it is almost always possible, without much difficulty, to discover the lump (or sausage-like tumour) by manipulation under ether.

6. Malignant stricture may be suspected when, in an old person, continued abdominal uneasiness and repeated attacks of temporary constipation have preceded the illness. It is to be noted also that the constipation is often not complete.

7. If a tumor be present and pressing on the bowel, it ought to be discoverable by palpation, under ether, through the abdominal walls, or by examination by the anus or vagina, great care, being taken not to be misled by seybalous masses.

8. If repeated attacks of dangerous obstruction have occurred with long intervals of perfect health, it may be suspected that the patient is the subject of a congenital diverticulum, or has bands of adhesion, or that some part of the intestine is pouched and liable to twist.

9. If, in the early part of a case, the abdomen become distended and hard, it is almost certain that there is peritonitis.

10. If the intestines continue to roll about visibly, it is almost certain that there is no peritonitis. This symptom occurs chiefly in emaciated subjects, with obstruction in the colon of long duration.

11. The tendency to vomit will usually be relative with three conditions and proportionate to them. These are (1) the nearness of the impediment to the stomach, (2) the tightness of the constriction, and (3) the persistence or otherwise with which food and medicine have been given by the mouth.

12. In cases of obstruction in the colon or rectum, sickness is often wholly absent.

13. Violent retching and bile-vomiting are often more troublesome in cases of gall-stones or renal calculus simulating obstruction than in true conditions of the latter.

14. Fecal vomiting can occur only when the obstruction is moderately low down. If it happen early in the case, it is a most sreious symptom, as implying tightness of constriction.

15. The introduction of the hand into the rectum, as recommended by Simon of Heidelberg, may often furnish useful information.

Memoranda for Treatment.—1. In all early stages, and in all acute cases, abstain entirely from giving either food or medicine by the mouth.

2. Use anæsthetics promptly. Put the patient under the full influence of ether; examine the abdomen and rectum carefully before tympanites has concealed the conditions; administer large enemata in the inverted position of body; and, if advisable, practise abdominal taxis. If you do not succeed at first, do it repeatedly.

3. Copious enemata, aided perhaps by the long tube, are advisable in almost all cases, and in most should be frequently repeated.

4. Fluid injections may be sometimes replaced by insufflation of air in cases of invagination, since air finds its way upwards better, and is more easily retained. It is, however, somewhat

dangerous, and has, perhaps, no advantages over injections with the trunk inverted.

5. Insufflation is to be avoided in all cases of suspected stricture, since the air may be forced above the stricture, and there retained.

6. Saline laxatives are admissible in certain cases where impaction of feces is suspected, and in cases of stricture where fluidity of feces is advisable.

7. Opium (or morphia) must be used in proportion to the pain which the patient suffers. It should be administered by the rectum or hypodermically, and should be combined with belladonna. If there be not much pain or shock, it is better avoided, since it increases constipation and may mask the symptoms.

8. A full dose of opium administered hypodermically will put a patient in a favourable condition for bearing a prolonged examination under ether, and attempts at abdominal taxis.

9. In cases of uncertain diagnosis, it is better to trust to the chance of spontaneous cure of relief by repeated abdominal taxis, than to resort to exploratory operation; or, in desperate cases, iliac enterotomy should be done. Operations for the formation of an artificial anus in the right or left loin may be performed whenever the diagnosis of incurable obstructive disease in the lower bowel is made.

10. The operation for the formation of an artificial anus through the anterior part of the abdominal wall and into the small intestine should be resorted to only in certain cases of insuperable obstruction, in which the seat of disease is believed to be above the cæcum.

11. In all cases in which the precise seat of disease is doubtful, but the large intestine is suspected, the *right* loin should be preferred. If the colon here be found to be empty, the peritoneum may be cautiously opened and a coil of distended small intestine brought into the wound.

12. My last suggestion as to treatment is one which, speaking as I do in a Medical Section, I feel some delicacy in making. It is, however, I believe, a very important one, and it is this, that cases of mechanical obstruction are really surgical and not medical

cases. They require manipulative measures both for diagnosis and for treatment, and they require them early. It is difficult to explain why it has come about that, as a rule, a physician is called in first, and nothing but drug treatment usually adopted in the early periods, and it is, I am convinced, much to be regretted. The surgeon is but too often asked to see the case only in the last stage, when it is thought that perhaps an operation may be desirable. At this period the abdomen is distended, and an accurate diagnosis impracticable; but, what is worse, the stage at which abdominal taxis is most hopeful has passed. My remarks do not, of course, apply when the medical attendant possesses the knowledge and exercises the functions of both branches.

Mr. Hutchinson submitted, as a most important proposition *that, in the present state of surgical knowledge, exploratory operations for the relief of abdominal obstruction, the cause of which cannot be diagnosed, are not warrantable.* Operations performed, at the hernial regions, in search, it may be suspected *reduction en masse*, are, of course, quite outside this rule. It refers only to opening the abdomen in the middle, with the intent to introduce the hand and search for the obstructed part.

If, however, we turn to certain cases in which the precise cause of obstruction is definitely diagnosed, then a very different decisio must be arrived at. In cases of invagination, when the included tract is long and when other measures have been exhausted, abdominal section is probably the best method of treatment. Here the surgeon knows what he is going to attempt, and that in the majority of cases it can be easily accomplished. The operation is justifiable at a comparatively early stage, when there is not much risk of rupture of the bowel, and but little difficulty may be expected in getting the contents back into the abdomen. Yet even here the operator encounters the discouragement of knowing that nature is competent to the cure by sphacelus of some of the most desperate forms of intussusception, and it is not yet settled whether leaving them to this chance involves less or more risk than operating. My opinion is, however, definite; and in any such case, enemata, insufflation, and other measures having had patient and repeated trials, I should not hesitate to

open the abdomen. I have done this in two cases, and in one of them with perfect success; and successful cases have also been recorded by Mr. Howard Marsh, Mr. Howse, and other surgeons. In the peculiar form of intussusception beginning at the cæum and advancing until the inverted ileo-cæcal valve presents at the child's anus, I should suspect that an operation will always be required, for I know of no reliable record of the recovery of such a case either by gangrene or by the measures to which we may apply the name of rectal taxis.—*Amer. Jour. Med. Science.*

CANCER.—In a paper on cancer read at the Congress of the Society of German Surgeons in 1877, and subsequently published in von Langenbeck's *Archiv fur Klinische Chirurgie*, Band xxii, Heft 2, Professor Esmarch presented several aphorism on the clinical history of cancerous disease. After a statement of the well-recognized fact that the terms "cancer" and "malignant growth" are no longer synonymous, the author points out that growths which usually take a benign course may occasionally present an undoubted malignant character. This change may occur in enchondroma, fibroma, and fatty tumors; and, as has been recently shown by Cohnheim, a cystic bronchocele may acquire a malignancy equal in intensity to that of typical sarcoma and carcinoma. Most surgeons of experience have had opportunities of observing cases in which there had been a speedy cancerous degeneration of a long-standing wart on the face of an old person. Of less frequent occurrence, however, although the author has seen four instances of this, is the rapid conversion into a malignant tumour of a simple atheroma of the scalp, a form of new growth commonly regarded as most benign. Cases of this kind were reported by Dieffenbach and Wernher. In some remarks bearing on the clinical facts that lingual and buccal psoriasis is frequently converted into a cancerous ulcer, and that old scars, especially those formed after lupoid ulceration, frequently undergo cancerous degeneration, the author puts the question, whereby and under what conditions do benign new growths and cicatrices take on a malignant character? It is well known that the repeated action on a soft structure of some irri-

tating body may be followed by the appearance of a cancerous growth, and there can be no doubt that the prolonged or frequently renewed contact of tobacco-juice, soot, and paraffin may give rise to cancroid of the skin. In the great majority of cases of cancer, however, no evidence can be obtained of the previous action of any irritant, and so one is led to inquire whether the malignant disease may not be due to some constitutional anomaly or dyscrasia. Dr. Esmarch seems disposed to hold that the inherited dyscrasia of scrofula and syphilis may create a tendency to malignant new growth. Such an association, however, it is granted, cannot be made out save by the exercise of much patience, and the expenditure of much time in obtaining complete clinical histories. It is stated by the author that many undoubtedly malignant tumours may be cured by operation, provided the surgeon interfere early, and the growth be radically removed. Unfortunately, in too many cases the operation is not performed until a late period, and when many other and milder methods of treatment have been tried. In most of these cases the blame, the author holds, rests with the patient.

In discussing the treatment of cases of advanced cancer in which surgical operation is hopeless, Professor Esmarch states that, in his opinion, arsenic is a very efficient agent, and one that may be used, internally as well as externally, with the best effect. The practice is recommended of giving Fowler's solution after removal of a cancerous growth, in order to prevent relapse. The employment of this agent is naturally suggested by what we know as to the nature of cancer. Arsenic certainly acts beneficially on certain affections of the epidermis, and cancer may be strictly regarded as an excessive overgrowth of epithelium. It is necessary in desparate cases of cancer to administer arsenic in rapidly increased and finally heroic doses. The good results recently obtained by Billroth and others form the employment, both internal and external, of arsenic in cases of malignant lymphoma, show that growths not of an epithelial structure may also be cured by this agent, good results from the use of which have also been gained in the treatment of cases of lympho-sarcoma.

Dr. Esmarch has repeatedly applied electrolysis for the de-

struction of cancerous growths which could not be totally removed by operation, but in only one case with any marked success. Canquoin's paste acts very efficiently on the removal of new growths, but a great objection to the use of this compound is the pain it creates, which is very severe, and but partially relievable by morphia.

In some remarks on a reported case of relapsing sarcomatous tumour, treated successful by the use, both internal and external, of iodine, Dr. Esmarch suggests that many malignant new growths, especially those which improve on the administration, in large doses, of tincture of iodine, may be associated with inherited or acquired syphilis. There are many clinical and pathological facts that indicate such an association. All pathologists agree that it is very difficult to distinguish histologically between the products of tertiary syphilis, the so-called gummata, or syphilomata, and sarcomatous new growths. The small-celled infiltration of the tissue of the nose, described by Hebra under the name of rhinoscleroma, which stands midway between chronic inflammatory proliferation and malignant new growth is frequently associated with long-standing syphilis. It is well known, also, that buccal and lingual psoriasis, which so often terminates in cancer of the tongue, has frequently a syphilitic origin. It is acknowledged, however, that a product of advanced syphilis or of scrofulosis is frequently mistaken for a malignant new-growth, and that even by many an experienced surgeon an ulcerated gumma or a tubercular ulcer of the tongue has been excised as a lingual cancer, a syphilitic ulcer of the lip as a labial cancer, a syphilitic ulcer of the lip as a labial cancer, and syphilitic growths from the mucous membrane of the rectum as rectal cancer. Mistakes of this kind are more likely to occur, as it is not generally known that ulcerating gummata may be met long after the date of the primary affection, and without the appearance during the interval of any secondary symptoms.

In consequence of the probability of such errors, Dr. Esmarch has made it a rule in his practice never to extirpate a morbid growth before having made out its structure and nature by microscopical examination. For this purpose, a very small piece

removed from the surface of the growth or from its central part by means of a proper instrument, will suffice. When there is an indication of having to perform an important and dangerous cutting operation for the removal of a new growth, the surgeon need not hesitate to carry out this very minor and safe preliminary measure.—*London Med. Record* Aug. 15, 1878; *American. Journ. Med. Science.*

MARYLAND MEDICAL JOURNAL,

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T. A. ASHBY, M. D. } Editors.

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BALTIMORE, NOVEMBER 1st, 1878.

EDITORIAL.

AMERICAN PUBLIC HEALTH ASSOCIATION.—The Public Health Association will convene in Richmond, Va., on the 19th day of the present month. In many respects this meeting will be one of the most interesting and important in the history of the association. It has been announced that the meeting will be devoted, in a great measure, to the discussion of the causes and prevention of yellow fever, and upon the occasion the commission appointed by Dr. J. M. Woodworth, Surgeon General United States Marine Hospital Service, will report the results of their investigations. Upon the report of this commission the discussion will be based.

The commission, consisting of Prof. Sam'l. Bemis, of New Orleans, chairman, Prof. E. Lloyd Howard, of Baltimore, and Dr. Jerome Cochran, of Mobile, is now actively engaged at work in New Orleans, Memphis and other southern cities. Owing to the short time allowed the commission the report presented will only be preliminary, yet it is believed sufficiently full to afford ample material for debate and to indicate the direction of further inquiry into the subject.

A number of volunteer papers have been prepared by men holding widely different views and the debates which will follow the reading of these papers promise to be lively. It remains to be seen whether the meeting of the association is to evaporate in gas or whether sound and practical results are to follow. Enough theories upon yellow fever have been given to the profession, what is wanted is scientific fact. The profession at large are not so much interested in

these discussions as in the presentation of unmistakeable facts upon which sound practice can be based. The commission, with additional powers delegated to it by Congress, and placed under governmental support and direction, would doubtless arrive at conclusions more satisfactory and reliable than discussions protracted for months, still to those who feel an interest in national or local sanitary measures the present meeting in Richmond will be watched with great interest.

FOURTH VOLUME.—With this number begins volume IV of the MARYLAND MEDICAL JOURNAL. We call the attention of our readers to the improvements which have been made with each volume, and return thanks for the generous encouragement and support of our numerous friends both in this city and state, and throughout the south and south-west. It is gratifying to report that the JOURNAL has met with far greater success than was anticipated, and that the future is full of promise. Located in a large city where ample clinical material is ever at hand for use,—with distinguished medical men as contributors, and numerous, well conducted medical societies to add full and interesting society reports, each number will contain an abundance of carefully prepared original matter, and choice selections and miscellaney.

Though located in Baltimore the JOURNAL is not sectional; we ask the aid of intelligent medical writers from every section of this broad land.

The JOURNAL represents no sect nor party, but is avowedly the organ of the entire profession, seeking to advance medical culture, harmony and social feeling between professional brethren. It is the advocate of true science, of sound practice and is a medium for professional interchange of views and opinions based upon experience and observation. Its aim has been to publish interesting and valuable original and selected matter, to give its readers the most recent and improved practice, with a record of such matters of professional interest as daily transpire in the world.

NEW ADVERTISEMENTS.—Beginning with this number of the JOURNAL will be found the advertisements of Messrs Johnson Bros. & Selby, of this city, manufactures of dental and surgical instruments; of the Henry Bill Publishing Company, of Conn., and of the Galvano-Faradic Manufacturing Company, of New York. We direct attention to these advertisements, and commend them to the consideration of the patrons of this JOURNAL. Advertisements of a questionable character or of houses known to be unreliable are never published, hence we have no hesitancy in recommending all contained in the JOURNAL.

THE attention of our readers is respectfully directed to the advertisement of the Galvano-Faradic Manufacturing Company to be found in this number.

The instruments made by this company are first-class in every respect, and have given satisfaction wherever used.

The company had a fine display of instruments on exhibition at the recent meeting of the Virginia State Medical Society in Richmond.

The agent, Mr. Read, is now at Barnum's Hotel, in this city, and invites the profession to call and examine his instruments.

We take pleasure in calling especial attention to the full and carefully prepared report of the Academy of Medicine, published in this number of the Journal. This report has been revised by the debaters who took part in the discussion, and the language used at the time, is here recorded *verbatim*. The case reported by Dr. H. P. C. Wilson, upon which this discussion is based, owing to circumstances beyond control, will not appear until the December number of the Journal. It will then be found under the head of original papers.

Prize Essay on Hydrophobia.—A prize of £100 for an essay on hydrophobia (its nature prevention and treatment) having been offered by Mr. Stanford, M. P., to be awarded by the Royal College of Physicians of London, the Marquis of Salisbury has instructed the British minister at Washington to bring the matter to the attention of the Department of State, that the necessary publicity may be given to the same in the United States.

Dr. Luke P. Blackburn, of Kentucky, who has rendered such invaluable service during the epidemic of yellow fever, is now prominently brought forward by the grateful people of his state as a candidate for governor. Present indications are that the doctor will be elected to this honorable position, which could not be better graced than by this brave and philanthropic gentleman.

The Clinical Society of this city was organized for regular Winter work on Friday night October 4th. The following officers were elected: President, Prof. C. Johnston; vice-president, Dr. I. E. Atkinson; corresponding secretary and treasurer, Dr. J. E. Michael; recording secretary, Dr. R. B. Morison; executive committee, Drs. Oscar J. Coskery, L. McLane Tiffany, and T. R. Brown.

Promotion of a Naval Surgeon.—Surgeon J. Winthrop Taylor has been appointed chief of the navy bureau of medicine and surgery and surgeon general of the navy in place of Surgeon Grier, who has been retired on account of advanced age. Surgeon Taylor was the next senior member of the medical corps.

MISCELLANEY.

The Medical Society of Virginia.—The Officers Elected for the Ensuing Year.—The committee for nominating officers for the ensuing year reported the following names which were accepted: Dr. Leven S. Joynes, Richmond, for president; Dr. M. M. Lewis, Alexandria, for first vice president; Dr. Herbert Nash, Norfolk, for second vice president; Dr. E. B. Ward, Smyth

county, for third vice president; Dr. W. P. McGuire, Winchester, for fourth vice president; Dr. Jas. C. Green, of Danville, for fifth vice president; Dr. Gabriel McDonald, of Monroe county, West Virginia, for sixth vice president; Dr. Landon B. Edwards, Richmond, recording secretary and treasurer; Dr. Christopher Tompkins, Richmond, for corresponding secretary. For committee on nominations: Drs. James B. McCaw, Thomas J. Riddell, M. M. Walker, Richmond; W. S. Stokley, Bay View; J. S. Tipton, Hillsville. For executive committee: Drs. W. W. Parker, Richmond; N. H. Burke, Blue Ridge Springs; H. G. Leigh, Petersburg; Benjamin Blackford, Lynchburg; Thos. B. Ward, Norfolk. For committee on publication: Drs. F. D. Cunningham, L. S. Joynes, and O. F. Manson, Richmond.

The Chair announced the following commission to examine and report on the mineral waters of the State: Drs. James B. McCaw, Richmond; William Selden, Norfolk; W. C. N. Randolph, Charlottesville; J. S. Apperson, Smyth county; M. G. Ellzey, Blacksburg; S. W. Carmichael, Fredericksburg; M. P. Christian, Lynchburg; J. S. Wellford, Richmond; A. M. Fauntleroy, Staunton; O. F. Manson, Richmond. Also, the following committee to petition the General Assembly for action in relation to a National Board of Health: Drs. W. W. Parker, Richmond; J. L. Cabell, University of Virginia; S. K. Jackson, Norfolk; J. G. Cabell and George Ross, Richmond.

The "Boston *Medical and Surgical Journal*," says: A death occurred in Philadelphia after the use of Holt's dilator in the hands of a prominent surgeon a short time since. The patient was about thirty-five years of age, apparently in excellent, vigorous health, but complaining of a tight urethral stricture. He was taken before the class, rapid dilatation performed, and that evening he passed a full stream, but soon after had a violent chill, and died in eighteen hours after the operation.

Langenbeck has successfully extirpated the left kidney of a woman aged thirty-two.

The Graduating Class, at the College of Physicians and Surgeons, has elected the following officers for this session: President, L. A. Griffith, Maryland; vice President, Thos. M. Hughes; Secretary, R. L Hester, North Carolina; Treasurer, L. W. Staton, Virginia.

Dr. H. M. Brown, of West Virginia, has been appointed Ass't Resident Physician at the City Hospital.

BOOKS AND PAMPHLETS.

Transactions of the American Gynecological Society, Vol. II, *for the Year 1877*. Boston, Houghton, Osgood & Co., 1878.

The mere enumeration of the papers in this handsome volume would take more than our allotted space. The president explains the late appearance of the volume; this will be remedied in the future. The value of the work is materially increased by a number of heliotypes. We can only cull a few practical hints from its rich stores—one should have the volume in order to properly appreciate it.

Dr. Fordyce Barker (president), opens with a paper on *Medical Gynecology*. After referring to the brilliant progress of surgical gynecology he makes an eloquent and forcible plea for closer etiological and therapeutic studies.

Dr. John Byrne (*Excisions of Cervix Uteri*), says this operation was first performed in the U. S., by Prof. J. C. Warren (Boston, Apr., 1829), eleven years prior to Simpson's first amputation. He advises the operation even in cases where it will only benefit and not cure. He prefers the galvano-cautery in spite of Schroeder's authority; there is no danger from hemorrhage, if sufficient time is taken (10 to 15 minutes), and the loop is used at a dull red heat. [The new benzoline cautery is more manageable and is quite as efficient.]

Prof. Spiegelberg (*Causes and Treatment of Puerperal Eclampsia*),

thinks the eclampsia may be accounted for by the sudden interruption of the secretion of urine and consequent retention in the blood and tissues of excrementitious substances. The cause cannot usually be œdema of the brain as Traube asserts, because the pathogenetic causes are present as a rule though eclampsia seldom occurs.

True eclampsia depends upon uremic poisoning in consequence of deficient renal secretion. Cases of eclampsia without albuminuria are acute epileptic attacks.

The treatment should be prophylactic when kidney disease is present. When the premonitory symptoms occur, a moderate venesection followed by narcotics, as morphia or chloral, should be resorted to. As a diuretic to neutralize the carbonate of ammonia in the blood, Frericks advises benzoic and citric acids. The induction of premature labor is not called for because the supervention of spasms is not certain and the labor itself may evoke them. In the simple epileptic attack venesection may be omitted—narcotics are sufficient. Chloroform is the best narcotic, but he has known it to produce sudden death.

Dr. G. H. Lyman calls attention to *dilatation of the cervix uteri* as a means of arresting hemorrhage, particularly when caused by fibroid masses about the inner os.

Dr. H. P. C. Wilson advises the use of Monsel's solution as a valuable antiseptic in surgery of the pelvis.

Dr. P. F. Mundé (*Electrolysis of Ovarian Tumors*), concludes that it can "in no wise supplant ovariotomy," but is justifiable in only two classes of cases, 1, small monocysts in which a serious radical operation is not yet called for, and 2, large unilocular or multilocular tumors in which ovariotomy is rendered impracticable from the presence of extensive adhesions. Dr. M. reports 51 cases as follows: Cured 25; permanently improved 3; temporarily 4; no benefit 6; peritonitis with recovery 4; peritonitis with death 9. Compare this with Spencer Well's ovariotomy report for 1876 (Samaritan Hospital), 50 cures and 5 deaths.

Anatomy, Descriptive and Surgical.—By Henry Gray, F. R. S. A new American from the eighth and enlarged English Edition. To which is added Landmarks, Medical and Sur-

gical. By LUTHER HOLDEN, F. R. C. S. Philadelphia: Henry C. Lea. 1878. For sale by Cushing & Bailey, Baltimore.

Like all the books from the well-known publishing house of H. C. Lea, this volume is a model of the highest style of the typographer's and binder's art.

This admirable work, so indispensable alike to the student and practitioner, is now presented with many additions and improvements. These will be found mainly in the sections on "Microscopic Anatomy" and on "Development." No small degree of the interest and value attached to this edition is the fact that to it has been appended MR. HOLDEN'S "Landmarks, Medical and Surgical."

No physician or student's library is complete without this useful book.

A Clinical History of the Medical and Surgical Diseases of Women. By ROBERT BARNES, M. D., second American from the second English Edition. Published by Henry C. Lea, Philadelphia. For sale by Cushing & Bailey, Baltimore street, Baltimore, Md. Price, cloth $4.50, sheep $5.50.

Physicians and students are familiar with the first edition of this valuable and much esteemed treatise on the diseases of women. A description of the volume is unnecessary. The edition now before us is much improved and enlarged by the addition of new illustrations and new matter, and a careful revision of the text. A new chapter on the Relations of Bladder and Bowel Disorder to uterine complaints has been added. The work as it now stands contains the most recent practice in gynæcology and maintains the leading position among similar publications. No better work on the diseases of women has been given to the profession.

A Treatise on the Science and Practice of Midwifery.—BY W. S. PLAYFAIR, M. D., F. R. C. P., with notes and additions by ROBERT P. HORRIS, M. D. Second American from the second and revised London Edition. Published by Bv H. C. Lea, Philadelphia. For sale by Cushing & Bailey, Baltimore, Md. Price $5.00.

Of the many works which have been written on obstetrics only a very few have been generally adopted as text books for students. Writers upon midwifery have either been too concise and brief, in their treatise, on the one hand, or lengthy and elaborate on the other, a happy medium has rarely been attained.

The admirable and much prized volume by Cazeaux is an illustration of the latter class.

The volume before us for review approaches more nearly to the wants of the student of midwifery than any work we have yet seen published. The author has found the happy medium and without omitting anything has so presented the entire subject of midwifery as to bring it within a sufficient compass for the student. The volume contains so much theory as is essential, and so much practice as is necessary and useful. It is a work most admirably arranged. It contains the most recent and advanced views upon obstetrical science and art, in which rapid advances have been made within the past few years. Many of the views advanced by the author may be at variance with those generally accepted by obstetricians, but upon examination they will be found to be based upon deliberate reflection and experience.

The work is designed primarily for the student, but will be found invaluable to every obstetrician.

A Monograph on the Treatment of Diphtheria—based upon a new Etiology and Pathology. By Wm. C. Reiter, A. M., M. D.

This is a small volume, of forty printed pages, devoted to the Etiology and Treatment of Diphtheria. The author refutes the theories and practice held by Niemeyer in regard to the pathology of the disease and its treatment, and quotes at length from this author. He claims to have discovered the pathological condition in the superabundance of fibrin in the blood, and shows success in treatment from free use of calomel and chlorate of potash.

The paper is written with much confidence and with earnest convictions. A number of cases are reported to illustrate the method of treatment. Altogether it is a very well written paper and the views advanced by Dr. Reiter are worthy of examination and study at the hands of our profession.

A Guide to the Practical Examination of Urine.—By Jas. Tyson, M. D., Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania, etc., etc. Philadelphia: Lindsay & Blakiston, 1878. For sale by Cushing & Bailey, and Turnbull Bros., Baltimore, Md.

This is the second revised edition of a most useful volume devoted to the physical examination of urine. The author treats first, the physical and chemical characters of the urine; second, the modes of testing and ascertaining the normal and abnormal ingredients; third, the urinary deposits and their microscopical appearance; fourth, the modes of diagnosing renal diseases by the examination of urine.

The volume is handsomely illustrated with appropriate wood cuts. It is a work indispensable to every student and physician who cares to make the urine a subject of study.

Sarcoma of the Kidney in a Negro Child.—By W. H. Geddings, M. D., Aiken, S. C. Reprint from Volume II. *Gynecological Transactions, 1878.*

Exfoliation of the Cochlea.—By S. O. Richey, M. D., Assist. Aural-Surgeon to the Illinois Charitable Eye and Ear Infirmary, etc.

Restoration of the Membrana Tympani.—By S. O. Richey, M. D.

Strictures of the Cervical Canal.—By A. Fredrik Eklund, M. D. Upsal, Stockholm, Sweden. Translated by A. Sibley Campbell, A. B., M. D., Augusta, Ga.

A Case of Deafness from a Singular Cause with Treatment and Result.—By T. E. Murrell, M. D., Little Rock, Ark. Reprint from July Number of Richmond and Louisville *Med. Journal.*

Cholecystotomy for the Removal of Gall-Stones in Dropsy of the Gall-Bladder.—By J. Marion Sims, M. D.

Involuntary Action of the Nervous System, Read Before the American Dental Association 1877.—By John J. Caldwell, M. D., Baltimore, Md.

The Treatment of the Genito-Urinary Organs, the use of Electricity, Damiana, etc., etc.—By Same Author.

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ORIGINAL PAPERS.

EPITHELIOMA OF THE CERVIX UTERI. AMPUTATION WITH PAQUELIN'S THERMO-CAUTERY.

(*Read before the Baltimore Academy of Medicine*, October 15th, 1878.)

BY H. P. C. WILSON, M. D., VICE PRESIDENT OF THE AMERICAN GYNECOLOGICAL SOCIETY, SURGEON IN CHARGE OF THE WOMAN'S DEPARTMENT OF THE BALTIMORE UNION PROTESTANT INFIRMARY, ETC., ETC.

(*Reported for the Maryland Medical Journal.*)

Since cancer occurs three times as often in women as in men, and three times as often in the uterus, as in any other organ of the body, nothing can be of more interest to the gynecologist, than any suggestion which throws light on the therapeutics of this disease. It is so forbidding to all physicians; such a terrror to all patients; so disgusting to all attendants!

We feel how hopeless our efforts are in behalf of the poor sufferer, on whom this malady has fixed its relentless grasp; and, despairing of cure, we only grope in darkness for something to palliate the disease, and soothe the patient in her painful progress to the grave; something to make life more bearable; something to make its victim less loathsome.

It is for these reasons that I bring before the Academy of Medicine, this evening, a cancerous cervix uteri, amputated with Paquelin's Thermo-Cautery; hoping that in this instrument we may have a valuable addition to the very few agents, now in our

possession, for eradicating cancer of the neck of the uterus in its incipiency, or modifying it in its advanced stage.

It will be seen that this cervix was amputated for epithelioma involving only the neck; and, although the disease evidently began eight months before, the body of the uterus, and all peri-uterine tissues were free, and the general health unimpaired. We therefore hope for permanent eradication of the disease.

But from its facility of manipulation as a cautery, we hope from this instrument beneficial results in arresting hemorrhage; in safely removing sloughing and decomposing tissue; in diminishing offensive odors; and in prolonging life, even in those cases which must terminate in death.

On the 19th of September 1878, I was asked by Dr. Miltenberger to see Mrs. K. in consultation with him. I found her looking in good health, 46 years of age, rather corpulent, presenting little, if any, of the cancerous cachexy, and emiting nothing of the cancerous odor. She gave the following history.

She was 17 years old before she first menstruated, and it was then established with some difficulty. From that time to January last, (twenty nine years) she was regular, and without pain with her menses. Fifteen years ago she was treated by another physician for what he called "ulcerated womb," and had some menorrhagia for a few months. Since then menstruation has been perfectly regular and comfortable. In January last she missed her menses for the first time since established. They returned in February, and to the day of my seeing her, she has never been free from hemorrhage. At times there would escape clear blood—sometimes large clots of blood—occasionally profuse gushings of water discolored with blood, and now and then, a dirty meat-washing discharge; but all discharges were remarkably exempt from offensiveness. She had some pain from time to time, through her loins and lower abdomen, but not enough to keep her from sleeping under bromide of potash. She had been married twenty-six years, and never been pregnant.

Dr. Miltenberger had diagnosed cancer of the uterus. By a careful digital and speculum examination, I confirmed his diagnosis.

The body of the uterus was of normal size and feel—presenting no undue hardness, nor fixation in its position. The neck was much enlarged, and presented different features in different sections. The right side of the cervix, from a few lines distant from the os, was in a state of well marked ulcerative epithelioma; while the portion just around the os, and extending over about two thirds of the left side of the cervix, was hard and nodulated, and in the stage of commencing vegetating epithelioma. Deep down in the cervical parenchyma, beneath the vegetating epithelioma, extended a condition of induration, which may have been this or some other variety of cancer; for it must be remembered that one form of cancer differs from another, only in the amount of fibrous, cellular, or gelatinous tissue, which predominates in each particular instance, and these differences are of more interest to the pathologists, than to the general practitioner, since the termination of each variety must be the same if left unarrested. About one third of the left and posterior half of the cervix, near the vaginal junction, had a healthy mucous membrane, and no subjacent hardness. The peri-uterine cellular tissue was perfectly healthy.

In passing, let me remark, that the gentlest manipulation of the cervix, produced profuse hemorrhage, and my examination was not satisfactory, till frequent and liberal spongings with vinegar, arrested the bleeding. This use of vinegar was suggested to me by my friend Dr. J. P. White, of Buffalo, and I can confidently recommend it in place of water, for cleansing a cancerous surface preparatory to inspection.

With the body of the uterus healthy in size, density, fixation and position, with the peri-uterine locality free from disease, with a portion of the cervical mucous membrane, and subjacent tissue not yet involved,—I did not hesitate to recommend amputation of the cervix, as the only means likely to save the woman's life, and in this opinion my distinguished colleague was in full accord.

On the 7th of October, 1878, after taking a liberal drink of brandy, the patient was chloroformed by Dr. Miltenberger, and on a table, in Sims' position, with Sims' speculum, held by my

nurse, and with Dr. Griffith as my right hand assistant, I proceeded to remove the whole cervix up to the vaginal junction. All the ragged edges were neatly trimmed with the cautery knife, and much of the substance of the cervix, above the vaginal junction, was peeled out with the same, till at the end of the operation, the cervix presented the appearance of a hollow cone, with the little end extending up to, or within the internal os. In this way I am sure, all malignant ramifications were removed.

A pledget of cotton, soaked in Monsell's solution of sub-sulphate of iron and glycerine (one part to three), was applied to the stump. The vagina was accurately tamponed, and the patient lifted into bed, and given an eighth of a grain of morphia, and twenty grains of bromide of potash, after nausea from chloroform had ceased. The iron was used as an antiseptic: the glycerine to lubricate the parts, and prevent the iron from collecting into indurated, insoluble masses; and the tampon to guard against any possibility of primary or secondary hemorrhage.

The patient is now in her tenth* day, and it is remarkable how exempt she has been from all constitutional disturbance. Her pulse has at no time been above eighty-six, nor her temperature above ninety-eight. She has had little or no pain, but complained for a day or two of much soreness about the pelvis, lower abdomen and thighs. The tampon and iron dressings were removed on the third day, and the vagina washed out daily thereafter, with warm water containing carbolic acid. The seat of amputation presents a healthy granulating surface.

To mention some of the difficulties which occurred to me in the use of Paquelin's thermo-cautery for amputating the cervix, may not be uninteresting to the gentlemen present, who have never used the instrument for this purpose. I shall counteract most of these difficulties in a second operation of the kind, and may help others to do the same.

The greatest difficulty to be overcome, was to prevent the steel shaft of the knife from burning the walls of the vagina, while its hot, curved, platinum point, was swept around the cervix, in the act of amputating close up to the vaginal junction.

*At the end of four weeks she is up and well.

This difficulty was overcome, first, by surrounding the shaft with wood, and securing it against splitting and dropping off, by twisting a piece of wire around it near either extremity, and causing the wire to bury in the wood. It was secondly, to a great extent overcome, by fixing a strong pair of bull-dog forceps in the cervix, and pulling it away from the vaginal wall, in the opposite direction from each successive point of incision.

A second difficulty which I encountered, was in the amount of hemorrhage, which continued up to the point of severing the cervix. I supposed that by passing my cauterizing knife over the bleeding surface, I should effectually control all loss of blood, but with each plunge of the knife into the cervix, blood for a moment came freely, and sponging was necessary, before making each incision.

True the loss of blood was small, but I had supposed I should lose none; and the amount was important, only as it obscured vision, as to the point of proper application of my knife, or generated steam by coming in contact with the heated cautery. Blood or steam in the vagina equally obscured vision. No doubt this bleeding was due to heating my knife too hot, and amputating too rapidly. From the first cut to the last, occupied ten or twelve minutes, and was done so rapidly to insure the vagina against the long continuation of such intense heat.

A third difficulty which I experienced was in not having enough assistants. I had three, but wanted a fourth to keep the vagina free from blood, while I applied my knife with one hand, and manipulated the forceps with the other. Four assistants are always needed for this operation with this instrument. One to give the anæsthetic; one to hold the speculum; a third to manage the thermo-cautery; and a fourth to sponge and render general assistance.

I never blessed the name of Sims more, or thought more of how much gynecology owed to his genius, than in this operation. If he had done nothing in his life, but given us "Sims' position," and "Sims' speculum," his name should go down to posterity among the immortal; for in no other position, and with no other speculum, could I have swung about the cervix, and manipulated

my knife and made a thorough clean operation, without injury to the vagina.

This was my first operation for malignant disease of the uterus, with Paquelin's thermo-cautery, and I was greatly impressed with the beauty and thoroughness of its work. It not only does all that any écraseur can do, but it does it under the guidance of an intelligent hand and eye, and thereby avoids the accidents, which may follow the écraseur, with the most skilful management. It does more. After removing the whole cervix up to the vaginal junction, it can accurately peel out any suspicious malignant remains, which may extend up the cervix, above the vaginal junction, as was done in the present instance.

By the history of this case it will be seen, that there was almost entire absence of constitutional symptoms, and that the disease was confined to a limited locality. It had not advanced so far, that it could not be accurately identified as epithelioma, that form of malignant disease which is most slow to involve the general system, and least apt to recur in its present, or some other locality, if thoroughly removed; and hence I was led to give a favorable prognosis for an operation in its immediate and remote results.

Appropriate here are the words of our distinguised countryman, Dr. T. Gaillard Thomas, when he says: "in the commencement of each variety of malignant disease the pathological differences would be easily recognized; but as epithelioma advances, and the subjacent tissues become involved, a differentiation would often become, not only difficult, but impossible."

In this single case, we find epithelioma, in the stage of ulceration, on one portion of the cervix; epithelioma, in the stage of commencing vegetation, on another portion of the cervix; and epithelioma, (or some other variety of cancer) involving a limited portion of the parenchyma of the cervix. With a little further progress, we might have been puzzled in our diagnosis of the particular form of cancer to which this belonged. Hence the importance of an *early examination* of the uterus, in all cases of unusual hemorrhage, or any other abnormal symptoms; that malignant disease if present, may be promptly recognized, for an accurate diagnosis, as well as prognosis. By a little delay we

may be mystified in both, and lose the only opportunity for life, by removing the disease in its inception.

If the general practitioner, was as prompt to examine a woman's uterus, as he is to examine any other portion of her body, under the slightest suspicion of disease; the maladies of that organ would be universally discovered in their acute form; life would be saved in many cases where it is now lost; drugs would be kept from stomachs into which they are so uselessly poured, and the struggles of the gynecologist with chronic disease, would not be so long, and often so fruitless.

No portion of the female organism is subjected to as many shocks and strains, as the uterus and its appendages; no organs in her body are entitled to as much and frequent disease. The ovaries are congested, and graaffian vesicles are ruptured once every month; the womb is monthly pouring out blood, and frequently subjected to the racks of labor, or the shocks of abortion; the vagina and its adjuncts endure the excesses of the marital relation; all the pelvic organs are in a monthly state of over excitement, and thereby ready to take on disease under the slightest provocation; and yet, even in these days of gynecological advancement, many general practitioners ignore the uterus in their explorations, or interview it only at the eleventh hour, when numerous diagnoses have failed, and a multitude of drugs have been given for nought.

The profession at large must learn to change in this respect, or their patients will soon learn to change their physician. The mothers who bore us, have wombs, as well as stomachs, ovaries as well as livers, and vaginas as well as throats; and these organs peculiar to woman, must not be neglected, or excluded, as seats of disease.

Strange as it may seem in these days of enlightenment, I very recently heard a distinguished practitioner of medicine say, that he did not "believe in examinations of the womb and its appendages." Although his views are extreme, they are reëchoed in a less degree, by many of the profession; and yet these gentlemen would think it very inexcusable in any one to prescribe for a patient, suffering with the symptoms of throat disease, without a

careful examination of the throat; but this is what they are doing every day for the uterus.

Because it is more disagreeable to examine a uterus than a throat, men must not shrink from their duty to *know promptly*, that they may *arrest promptly*, uterine disease. They must realize that it is as proper to examine the vagina and womb, as the mouth and throat, and thus being always watchful of these peculiarly impressible organs in the female, guard against those chronic diseases which render so many lives miserable all their days. It is rare for me to see a case of uterine disease, which has not been in existence from two to ten years.

THE BEDFORD ALUM AND IRON SPRINGS.

BY PROF. J. J. MOORMAN, M. D., OF VIRGINIA, FOR FORTY YEARS RESIDENT PHYSICIAN OF WHITE SULPHUR SPRINGS, WEST VIRGINIA.

The aluminous sulphated chalybeate waters have for half a century occupied a conspicuous place among the valuable medicinal waters of our highly favored mineral-water country. The Bedford Alum and Iron Springs, belonging, as it distinctly does, to this class of waters, and showing an analysis not inferior to the best of its class, may well, on account of its constituent ingredients, stand in fair competition with similar waters whose virtues have been long known and appreciated by the invalid public, and, therefore might confidently challenge a large public confidence in their efficacy. While such is a fair theory in reference to the efficacy of this water actual experience of its use for near thirty years has fully verified the hopes that its analysis created. Both the analysis then and practical use of this water, go to prove its great efficacy in a wide circle of disease, and to one disease especially, which, without the use of this class of waters, would stand, as it has hitherto stood, the *opprobria medicorum* of the healing art. I allude to scrofula, in its well-developed form. For this affection, waters of this class are altogether the best remedies known to the profession; and if there were no

other diseases for which such waters are remedial, their efficacy in this would give them high distinction. But their remedial power is by no means confined to this formidable malady. It reaches and overcomes many other diseases and morbid states of the system.

The immediate therapeutic effects of this class of waters as I have remarked, in my volume on the mineral waters of the United States and Canada, are those of a *febrifuge tonic*, resembling the action of some of our best vegetable medicines of this class, and especially of quinine, but superior to them in some respects from their specific tendency to the bowels and kidneys. By their diffusive, astringent, and tonic powers, they resolve congestions of engorged *viscera*, and remove subacute inflammation, thus relieving and giving activity to the fluids they fill up the superficial capillaries and veins, and give a full, slow pulse, with warm surface and soft skin. They are not purgative waters, except in increased quantity ; but sometimes gently open the bowels when taken in smaller doses. Their action upon the kidneys is generally prompt, their action upon the skin is secondary ; and when it occurs, is the result of their sanitary action upon the blood vessels by resolving inflammations and congestions, and hence such action may always be regarded as favorable indications in the case.

These waters are advantageously prescribed in many chronic affections of the skin and glandular system. Even *lupus* and other malignant ulcerations are cured by them. In chronic diarrhœa they are often administered to advantage and the same may be said of chronic irritations of the kidneys, bladder, and urethra. In paucity and poverty of the blood ; in the chlorotic condition of young females, and in several forms of uterine derangement, as well as in anæmic conditions, with loss of tone in the nervous system they may be prescribed with great advantage. The salts, or mass obtained by evaporation of the water, may be re-dissolved and used to advantage when the water is not at hand. For many years I have been in the habit of using with great advantage a strong solution of such salts as a local application to indolent ulcerations of the skin, and especially to

those of a scabeous character. To the scaly and irritable eruptions that not unfrequently appear upon the cheeks, and sometimes the nose of elderly persons, giving uneasiness lest they should prove malignant, I have employed, frequently, a strong solution of such salts with the most satisfactory results.

In various chronic affection of the digestive organs under the generic name of *dyspepsia*, either simple or implicating other organs, and especially, that form of such depravities, known as *gastralgia*, or *nervous dyspepsia* such waters constitute a valuable remedy. The same may be said of them in *mesenteric* affections, and particularly in persons old or young, of *scorbutic* tendencies.

CLINICAL LECTURES.

THE USE OF MERCURY IN EYE DISEASES.

BY JULIAN J. CHISOLM, M. D., PROFESSOR OF EYE AND EAR DISEASES IN THE UNIVERSITY OF MARYLAND.

GENTLEMEN :

The case which will now attract your attention, is one of interest from its frequency. This patient is a sailor who has suffered from his left eye for only one week. His chief complaint is from severe pains, so increased at night that he cannot sleep. His vision has also become very much obscured. One week since he saw with this eye perfectly. The very first day that the eye became painful, the sight commenced to blurr, and this fogginess has been steadily on the increase. The eye as you see is red, but you have often seen a much greater degree of injection with undisturbed sight, so that this appearance alone cannot explain the trouble. The pupil, if you examine, is small and hazy. The iris is dull in color when contrasted with the one on the opposite eye ; and if you notice, the pupilary border exhibits a white deposit like a large millet seed, which seems to project directly into the anterior chamber. This neophitic formation, that may have made its appearance in the last twenty-four or forty-eigh

hours, defines very positively the diagnosis of iritis, and most probably fixes the cause, syphilis. We will ask the question, and note the answer. The patient says that he had a chancre which has been healed up for two months. The kernels in the groin never suppurated. He has had some sore throat, and some spots upon the skin of his chest and limbs, none on his face.

Having a case of iritis of syphilitic origin to treat, what medical course will cause the painful symptoms to yield most promptly and restore the eye to useful vision? Notwithstanding all that has been said antagonistic to the internal administration of mercury, in some eye diseases at least, we can not do without it. We are often compelled to push this old fashioned remedy in the old familiar way of touching the gums, before attacks of this disease, which we are now considering, can be controlled in its rebellious and disastrous course. Mercury is the remedy for specific iritis. To this patient I will prescribe for internal administration bi chlor. hydrarg gr. one-twelfth, iod. pot. grs. ten, to be taken after each meal, or three times a day. In conjunction with this we must *never omit* the instillation of a four grain solution of sulphate of atropia into the eye three or four times a day. This eye drop, if applied early, will break up the adhesions of the iris to the capsule of the lens, and permit the pupil to again enjoy free play. Leeching or cupping the temple will add to the dilating action of the atropia by diminishing intra ocular tension. To ensure a good night's rest, which is so essential in all acute diseases, a full dose of opium or morphine will be administered at bed time. Should the suffering be great in the day, morphia will be added to the potash and corrosive sublimate mixture, already prescribed. The effects of the mercurial dose will be closely watched and the moment the gums show any tenderness or the peculiar bad taste in the mouth is complained of the interval between the dose will be increased, so that only two doses or perhaps a single dose will be administered in the twenty-four hours. With the disappearance of the tendency to ptyalism, the doses can be again increased in number until the desired effect upon the inflammatory attack has been obtained. By following out this course of treatment, I will expect to see the inflammation

rapidly subside, and I hope to exhibit this patient again to you after a week or two, with all redness gone, pain relieved, and with the eye sight much strengthened.

Although my preferences are for corrosive sublimate or nascent preparations of mercury developed from it in combination with iodide of potash, the sub-chlorides, the iodides, sulphurets or oxides of mercury are preferred by others. With a few surgeons inunctions of blue mercurial ointment, rubbed into the inner sides of the thighs and arms would be the selected method; or it may be fumigations nightly employed, for the general alterative influence of the mercurial. Any of these methods would be found useful in the treatment of specific iritis, or in other eye troubles, which require the administration of this peculiar remedy. For convenience and efficiency the internal administration by pill, powder, or solution is by far the simplest and best. It is only in rare cases, in which the stomach is made very irritable by the presence of mercury, that the inunction or fumigation methods possess advantages of expediency.

The proposition has been made in certain quarters, that as the acuteness of an iritis will subside in the course of time without the internal administration of remedies, why give mercury when the inflammation will surely exhaust itself? The answer follows at once. In running its course, the inflammation will often destroy the eye by extension backwards to the ciliary and choroidal structure. Serious damage may also be done by the occlusion of the pupil, through the free adhesion of the iritic border to the capsule of the lens. If this takes place, no aqueous secretion can escape into the anterior chamber. This penning up of fluid behind the iris, will exercise such painful glaucomatous pressure upon the retina and optic nerve, as will bring about blindness amidst much suffering. The object of the mercurial is to cut short the attack, limit the inflammatory extension, promote absorption of the deposits, and aid in the breaking up of capsular adhesions, without which no eye can be considered safe for the future.

While mercury becomes a most valuable remedy for the relief of all cases of iritis from specific causes, especially, and even at

times those of rheumatic, and of traumatic origin, its great value in the successful treatment of eye diseases does not stop here. There are many cases of strumous corneal inflammations in which small doses of bi chlor-hydrarg combined with the tinct. mur. ferri will do good service in causing a more rapid disappearance of the acute symptoms, and a more speedy absorption of the clouds or spots so constantly remaining in the corneal structure.

In deep seated inflammations involving the choroid, retina or optic nerve, a very large class of eye troubles accompanied by serious disturbance of vision, mercury in some one of its many preparations when combined with iod. potash or with tinct ferri muriatis forms the main stay of the practitioner. Effusion of an inflammatory nature on the retinal tissue, or in the substance of the choroid will often rapidly disappear under mercurial influence, when the condition of the system at large does not contra-indicate its use. If these troubles be of syphilitic origin, or even based upon a rheumatic diathesis, the alterative advantages of mercury should be utilized. If such intra ocular deposits be the result of uremic blood poisoning, the mercurial had better be dispensed with. There are many old changes in the choroid, retina, optic disc, and vitreous, for which no remedies are known. An ophthalmoscopic examination will readily determine the character of the lesion, and the availability of the mercurial treatment, if the pathological conditions be one of those which promise any benefit from remedial agents.

As a local remedy for the successful treatment of eye diseases mercury is in constant demand. For many surface troubles, both of the eye ball and the eye lids it is preferred to all other remedies. At every clinic you hear me prescribe mercurial ointments, or see me use mercurial powders. As on each Saturday in turn, brings many patients back for your inspection, you have been able to appreciate from personal observation, how rapidly some of these eye diseases get well under the local application of this class of remedies.

Here is a patient who I have selected from the number in waiting. Some of you will remember that two weeks since he presented himself for treatment, with his lids partially stuck to-

gether by a muco-purulent secretion, much of which had encrusted into hard scabs along the edges of the eye lids. The eye balls were not much injected, and the sight was sharp from each eye. The lids were the seat of the disease. When I had soaked them in a warm solution of carb. of soda, ten grains to the ℥i of water, these hard crusts were softened. After all of them had been removed from the lids, and some of you may remember that the rubbing had made the edge of the lids bleed slightly at points, small ulcers could then be seen at the roots of the lashes, or rather the hairs were found growing out of the centres of these ulcerated surfaces. Some of the lashes I pulled out from the lids, and others I cut off with scissors, so that they could no longer collect the discharges, which, otherwise, would dry upon them. I then took a little yellow oxyd. of mercury ointment upon my finger, grs. one to ℥i simple cerate, and rubbed it well into the lashes or eye lids border. I then gave a little of the ointment to the patient with instruction to apply it nightly, in the way that I had done. This course was continued for a week. Last Saturday the eyes had improved so much, that I increased the interval for the use of the ointment to every other night. To day the lids are free from all crusts, and as no ulcers can now be seen at the edges of the lids, we may safely say that the patient is nearly well. The application of this particular mercurial ointment twice a week, for a short period, will perfect the cure and remove the slight thickening, and little redness which is all the disease now remaining.

Here is another evidence of the curative effects of the local application of mercury. This child five years old has had repeated attacks of pustulated corneitis or small vesicles upon the surface of the cornea, generally known as phlyctenular ophthalmia. This trouble is par excellence the eye disease of early childhood. A watery eye so very painful to light that the child dare not open it even in the dark, often accompanied by vesicles upon the skin, of the check and inflammatory patches at the outlets of the nostrils. When the lids are separated, which can only be done by force, the eye ball will be seen injected, and one or more elevated whitish spots will be found upon the surface of the cornea. If

this spot or vesicle be near the corneal border, the contiguous conjunctiva will be more injected than the mucous surface generally, and a number of larger blood vessels will be prominent as they advance in the direction of the corneal vesicle.

Although this condition of the eye is most frequently connected with strumous system, irritation necessitating the long internal administration of cod liver oil, and the iron tonics to prevent recurrent attacks of vesicular eruptions, the immediate development of the corneal vesicle can be most speedily checked and its presence removed, by the local application of a mercurial in the form of calomel by insufflation, or by the application of a small particle of yellow oxyd mercury ointment. If *one* or *two* grains of the yellow oxyd of mercury be thoroughly mixed with a drachm of simple cerate and a portion the size of a pin's head be inserted in the cul de sac between the lid and eye ball, and then rubbed gently into the face of the cornea by friction on the external surface of the lid, the pustules will often disappear in a few days as if by magic. Calomel powder dusted into the eye from a camel hair brush, is more quickly done, and will be nearly as effective as the ointment. In one respect, it has a decided advantage over the ointment as no injury can arise from a little excess of the powder left upon the cornea; it finds its own way out, washed away by the lachrymal secretion. To avoid injurious irritation the excess of yellow oxyd ointment should be removed by using a brush, or the end of a piece of cloth. This cleaning of the surplus ointment is often troublesome, especially with a restless crying child.

In cases of newly developed blood vessels traversing the surface of the cornea, a condition known as pannus, calomel powder dusted upon the surface will, at times, shrink these newly found blood vessels, when other applications have failed. This calomel powder is also found among the useful applications to granular lids, a disease in which from its chronicity ample opportunity is given to test the efficacy of many remedies from the pharmacopœia. To this list of eye diseases curable by mercury may be added the old and well deserved reputation which one of the preparations of mercury, citrine ointment, possesses in

putting to flight styes, and the efficacy of white precipitate ointment in soothing the eczematous eruptions that so often locate themselves upon the lids. In this category must be also placed those annoying paralytic seizures which so suddenly affect the eye muscles, a sequel of early indiscretions, and a long forgotten syphilitic poisoning. The internal administration of mercury with Iod of potash, in addition to the local application of electricity will be the means of restoring action to the faulty muscles, by causing absorption of the gummatous deposits in the nerve sheath, The double vision which is the very distressing symptom of such paralysis slowly disappears under the mercurial treatment.

Without extending my remarks, I will make the following summary: While no careful observer can doubt the general utility of mercurial agents in successfully combating many of the acute and chronic diseases of the body, their peculiar efficacy in controlling affections of that part of the face receiving enervation from the fifth pair of nerves have often been commented upon. The eye as you well know comes in for a large share of this nerve supply, and from experience shows that the controlling efficacy of mercury is well exhibited in the treatment of eye diseases.

CLINICAL REPORTS FROM HOSPITAL AND PRIVATE PRACTICE.

SOME OBSERVATIONS UPON A CASE OF EXTERNAL URETHRAL FISTULA AND MULTIPLE STRICTURE AS A COMPLICATION OF CHRONIC GONORRHŒA.

BY MILLARD L. MITCHELL, M. D., BALTIMORE.

The tendency of chronicity in disease of forming new complications, is, I think, a well established opinion among members of the profession of to-day. The remnants of a disease that have not been mastered by art, will in all probability master themselves

in some cases, on the principal of "vis medicatrix naturæ," which principle will give the consoling promise of life or death, and often with odds in favor of the latter, for no matter how urgent the powers of nature may be to cure, she stops at nothing to accomplish that object, and in her onward steps to correct abnormal and reëstablish normal conditions, she but too often fails in her beneficent purposes, and by adding new complications exhaust her powers. The addition of these complications, I take it, is where the helping hand of a physician was first called to her assistance; (and only to her assistance) in aiding her to correct such additional obstructions, and by smoothing the way, allow a consummation to be reached.

These remarks I hope will be verified by the case I now present to the reader, it is one of "chronic gonorrhœa complicated by both urethral fistula, and multiple stricture," it is of some interest, both from the virulence and length of time of the discharge, and as showing the possible complications that may arise in any given case of the same kind.

A. W., æt 28, occupation bookkeeper, applied to me on August the 7th, of this year, for the cure of chronic gonnorrhœa, and gives the following account of his case: In the early part of September, 1876, he contracted gonorrhœa, for the first time. Did not immediately, at first, apply to a physician for treatment, using simple injection of zinci sulph. gr. j, aqua ℥j, with which he was acquainted. At the expiration of a month, finding no relief, and an excessive discharge continuing, he applied to Dr. X., family physician, who gave him at his first visit, an injection at his office *which caused great pain*, he was also placed upon an internal treatment. He continued with Dr. X., receiving at various times strong injections, and internal remedies, up to the latter part of January, 1878, without receiving any material benefit, the discharge continuing with unabated virulence. He then applied to Dr. Z., continued with him, receiving nearly the identical treatment, up to August 7th, 1878, with but little benefit from a long series of injections, etc. At that time he applied to me as a "friend," and therefore the last to be consulted.

He complained at that time of some difficulty in passing water.

Upon examination, I found his penis, much inflamed with an abundant discharge of purulent matter from the urethra. To the left of the meatus, and somewhat near the floor of the urethra, there was also a discharge perfectly distinct from that of the urethra issuing from an external opening of a fistula; he complained of soreness, at two points, on the under side of the penis below the base of the præpuce. On attempting to pass a normal size catheter found it would not pass, on introducing a No. 3, sound of the S. pattern, found it readily passed. The obstruction was caused by a stricture in the spongy portion of the urethra; on continuing its passage a short distance, I distinguished an additional stricture, which was also readily passed with the No. 3 end of the S. sound. I had no further difficulty in passing it into the bladder, except a slight constriction at the neck.

I here found I had a case of chronic gonorrhœa complicated by an external fistula, and multiple stricture. I hold that the proper diagnosis of a disease is the first step to a cure, and how the complications of this chronic gonorrhœa could have escaped at least the physician preceding me, I am unable to state, as he had evidently not come to that conclusion, judging by the mode of treatment I understand he pursued.

The treatment was evidently to find means of curing the fistula and stricture, this was done by confining the patient at home, for one week, and by the systematic introduction of graduated bougies and sounds. After I had succeeded in introducing a No. 10 sound, I introduced a bougie, of the same number, on a staff, withdrawing the staff, and leaving the bougie "in situ" for three days, with the penis strapped upon it, at the expiration of which time I had the pleasure of seeing the discharge from the fistula entirely subside. After the removal of the No. 10 bougie, I treated the chronic gonorrhœa, by means of deep injections through a No. 3, (the end removed, which is a good as the more complicated instruments used for deep injections of the urethra); this treatment together with iron and cod liver oil, has effected a perfect cure—fistula, gonorrhœa and stricture, in the space of three months which is a short time, I think considering the length of time he was formerly under treatment.

This case is but one of the many examples that might be given, not only by myself but by the recorded experience of others, as proving that complications arising in disease must be removed, before the disease can be cured, or in other words, smooth the way and allow a consummation to be reached.

The strictures in the foregoing case may be partly accounted for by the abortive plan used upon my patient a little too late to be exactly called abortive treatment, however, it was by strong injections, which are highly unadvisable even in the stages in which they were used. I say, the strictures may be partly accounted for by this plan of treatment. But can, I am persuaded, be also accounted for from the tendency in chronicity of disease of nature laying down new material, and forming new complications, for allowing the stricture to be the result somewhat of cauterizing agents. This is evidently not the case with the fistula, which was undoubtedly the result of this same chronicity. The purulent matter finding new channels for its exit, and so it becomes neccessary to assist nature in relieving complications in order that a cure may be effected in the original disease.

The case and observations are thrown out for further deliberation by more mature minds.

A CASE OF ANÆMIA WITH EXCESSIVE IRRITABILITY OF THE STOMACH, TREATED SUCCESSFULLY BY HYPODERMIC USE OF AMMONIO CITRATE OF IRON, WITH SOME REMARKS.

BY WILLIAM LEE, M. D., BALTIMORE.

(Read before the Baltimore Clinical Society.)

Annie G., age 38, married, mother of three children, came under my care March 29th, 1878, said she had been suffering more or less (with the exception of the last week) from mennorrhagia for the past three months.

I found her in bed, where she was obliged to remain ; and with the following symptoms : Great indisposition for exertion with

breathlessness and fainting on attempting it, great debility and loss of appetite, constant nausea, muscular frame flabby, skin smooth, very white and waxy, that of the face having a tinge of lemon color; lips and tongue pale and bloodless; pulse large and remarkably compressible.

Upon examining the heart a soft systolic murmur could be heard, both at the apex and base. Other organs examined carefully, and were found healthy. Being satisfied that she had no trouble about her uterus, and that therefore constitutional treatment was alone requisite, I at once put her on such tonics and bloodmaking remedies as seemed to be indicated. Iron was given in its different forms by the stomach, but after a trial for one week of them they had each to be abandoned as the already nauseated condition she was found in, was not only made worse, but also vomiting would take place two or three times a day. The case now being one in which dialysed iron, so much spoken of, might be used hypodermically, with advantage. I at once obtained some of each of the best preparations in the market, and began to try them. Ten drops was used twice a day, for six days; at the end of which time on account of the irritation of the seat of puncture, they had to be stopped. Now although the cause of such irritation, and production of local trouble, seemed to me to be from the fact, that it is impossible to get a strictly neutral preparation of the dialysed iron, I was not satisfied about the matter, and at once communicated, through my friend Dr. Walter Atlee, with Dr. Da Costa who had made use of the preparation. In reply to my letter the doctor stated he had made trial of the iron, and found the same objection as myself, also, that after using different preparations of the drug, he now gave preference to the ammonio citrate, which he had lately used with some success.

As soon after receiving this information as possible, I prepared a solution of the above, and injected fifteen drops, which represented three grains, every eight hours, throwing it, as directed by Dr. Da Costa, deep into the cellular tissue. No unpleasant effects following from its use, I continued this treatment, together with such nourishment as she could retain, for four weeks. (Begin careful to make a fresh supply of the mixture every four days, as

it would not keep for a longer time.) Her condition, being now so much improved, she could take and retain her ordinary diet, I therefore stopped all medical treatment, and was much gratified to find, in a short time, she was able as usual to attend to her household duties.

It is unnecessary, in closing my report of this case, to do more than call the attention of my medical friends to the advantages offered by the use of iron hypodermically, in cases of intolerant stomach.

A CASE OF LATENT GONORRHŒA, CAUSING CONTRACTION OF THE RIGHT BROAD LIGAMENT AND RIGHT LATERO-VERSION OF THE UTERUS, WITH BREECH PRESENTATIONS IN TWO SUCCESSIVE PARTURITIONS.

BY B. B. BROWNE, M. D., BALTIMORE.

Mrs. M., aged 43, has been suffering for the past twelve months with an intense pain in the right ovarian region, generally more aggravated at the menstrual periods. Abdomen swelled and tender on the right side, has had frequent returns of yellow purulent leuchorrhœa, which was generally checked temporarily by the usual remedies, has been compelled to lie on the right side.

On examination several years ago the uterus was found in right latero-version, the vaginal roof hardened and contracted, the uterus soft, succulent and very tender on being gently pushed towards its normal position, cervix of deep red color, os surrounded by a thin rim of eroded tissue discharging a tenacious yellow mucous.

Her husband had gonorrhœa about one year before marriage followed by a gleety discharge, which he thought was entirely well when he married. The lady who was a widow with children, had previously been in perfectly good health.

On January 26th, 1874, she was delivered of a boy, breech presentation, and on February 10th, 1878, of a girl, breech presentation.

During both pregnancies there was a marked obliquity of the uterus, and a dragging sensation on the right side. Since the last labor her abdomen has been very tympanitic, with tenderness and pain over the right side of the uterus, which was firmly contracted after the expulsion of the placenta; but before the binder could be applied her abdomen had become much larger than before the child was delivered, and for several days her respiration was hurried and difficult.

It is reasonable to believe that the uterine obliquity was caused by the contraction of the right broad ligament from the effects of gonorrhœal inflammation. and that the position of the children in utero was influenced by the obliquity of the uterus.

It is now generally believed that forward and lateral dislocations of the uterus involving the whole of its axis, when acquired during life, have their origin in contractions of one or more of the ligaments from inflammatory or other irritation.

Dr. Noeggerath has shown that latero-version with a marked tendency to tilt towards the right side, is the most commonly observed dislocation among women suffering from latent gonorrhœa. And this fact may be of valuable assistance in the diagnosis of obscure cases; for it is generally acknowledged that the pains and discomforts that haunt the pelvic region of the female, have an exceptional preference for the left side, adhesions and versions of the uterus fron *non*-specific inflammation must frequently occur on the left side as does also pelvic cellulitis, the cause being perhaps the same as the more frequent congestion of the left ovary, that is the return of the venous blood by the ovarian vein into the renal, and not direct into the vena cava as on the right side, whereby a renous stagnation and hyperæmia might be more readily induced.

So when any of the above mentioned troubles exist on the right side we have reason to look for a specific cause for their origin.

CASE OF MIGRAINE.

BY J. S. CONRAD, M. D., BALTIMORE.

(*Read before the Baltimore Academy of Medicine*, November 5, 1878.)

Miss N., age 22, general physical construction about the average of young women, light complexion, weight 119, viscera functions normal; father suffers occasional attacks of asthma, had neuralgia at one period of his life. At the age of seven years the patient had a fall on the forehead, inflicting severe flesh wound near median line right side. There was no evidence of further injury. About two years succeeding the fall, she began to suffer with headache, which increased in frequency, and severity with her growth and development, and more or less affected the spirits of the child. She would lie upon the bed or floor, and complained of her headache, and was dull and inactive. The headache is described by herself and mother as being more general than local, or circumscribed, in the earlier period of its history, but as it progressed with years it became more local on the right side. The severity of the pain increased with her growth and development, including a period of about thirteen years to the present time. For the past two or three years the pain is greater, and was more expressed in the trigeminus than was the case in its early history. At times it is intensely severe, but soon diffuses itself over the lateral half of the head, extending to the occipital, cervical, and thoracic regions. In the height of the paroxysm, the pain is violent and general over the regions mentioned, but most severe in the parietal region. In the early history of the case, the paroxysms of pain observed some regularity of recurrence, coming on monthly, then biweekly, and is now daily, and often occurring two three times in the 24 hours. Her immunity from pains at present rarely ever exceeds one entire day. In the latter part of the period included in her sickness, the pain has confined itself almost entirely to the right side of the head in its invasion, but now radiates during the attack to other parts including the cervical and intercostal region of the opposite side. During the paroxysm th

pain attacks the right side of the forehead, eye of same side, parietal region, occipital, cervical, and intercostal of opposite side. In all attacks which I witnessed the point of greatest pain was the parietal, next the occipital and cervical. In some attacks the intercostal pain was enterely absent, at other times it was most complained of. At the parietal point she described the pain as being, as if some one were boring into her brain (not skull) with an auger, and as if her head were too full of blood. She often begged to be bled, saying if she were, she felt as if she would be relieved. Pressure at this point affords much relief. The pain in the eye-ball is also severe when the pain attacks it, which is not always the case. The character of the pain, and its occurrence at so many other points, than those which mark the course of the trigeminus, at once directs the attention of the clinical observer from that nerve as being the primary seat of disease.

This feature of migraine is the one which has attracted the attention of those who have studied it, and is the occasion of diference of opinion as to its pathology. There are no painful points in the sense used by Valleix, differing in that pressure affords relief instead of being sensitive, and the pain is not lightning-like. The pain is never of that intensity which is described as lightning-like, neither does it appear to have that sharp definition so peculiar to prosopalgia. Its pitch, if I may be understood by the term, is not so high in the scale of intensity as one would expect to see in severe neuralgic pain. Its wan, to use an acoustic term, is larger, and its reccurrence consequently slow, and less lightning-like. It is difficult to describe pain, even when it is felt, yet, I have endeavored to define the character of the pain of my patient, for the reason that upon its type in this disease, has arisen the difference of opinion as to diagnosis and pathology. The attacks frequently come on during the night, or immediately on waking; arousing her suddenly from sleep is seen to bring on an attack. The intercostal pain is always accompanied with the sensation of swelling in the region of the spleen. The swelling is material, as evidenced by the tightness of her clothing, which she has to adjust with loops to accommodate the increase in size.

There is cervical tenderness as far as and including the first dorsal process. Taking food often brings on an attack.

The action of the heart is accelerated during the attack, the pulse beating as high as 120 in the minute. After the violence of the paroxysm is over the pulse falls to 70 and 80.

The condition of the eye. There is divergens strabismus in the right eye, and exophthalmus, dilatation of the pupil, and vision much impaired. Opthalmoscopic examination by D. Murdoch of the right eye, was negative from the fact of so much cloudiness of the vitreous as to obscure a view of the fundus, tension of this eye was minus—of the left eye there was found hyperæmia of the disc, showing changes commencing, that point to vaso-motor trouble. It is proper to mention here that in the height of her severest paroxysms there is considerable diffuse pain also felt on the opposite or left side of the head.

Eulenberg describes migraine under the heading of hemicraina, thus avoiding a commitment to the view of its neuralgic character, whils Anstie considers it a true neuralgia of the opthalmic division of the fifth pair. In searching up the literature of migraine, the weight of evidence points to its vaso-motor character, but whether this character is the original disease as Du Bois Raymond, and Mollendorf, and Eulenberg hold, or only a consequence as held by Anstie, are questions which remain to be decided. Anstie regards the vaso-motor disturbance as a complication of the neuralgic pain, and a secondary and consequent result. He is decided in his opinion of the central origin of the disease in the medulla, and that it is a degeneration of the cells of the nucleus of the sensory root of the nerve. In his summing up of the evidence which led him to this opinion, there is certainly very strong grounds afforded by some symptoms, which are difficult to explain as satisfactory upon the theory of the other physiologists. I refer to the painful areas, remote from the course and distribution of the fifth pair, viz., the crevical and especially the intercostal on the *opposite side.* One remarkable circumstance is worthy of mention in a consideration of migraine, viz., that the subject has been most carefully studied by two eminent physiologists of different nationalities, both of whom were them-

selves the subjects of the disease, and still more remarkable that whilst they had the opportunity of studying the very feature, pain—in their own person, it is upon this prominent feature that they took this departure in different directions as to its pathology. Du Bois Raymond considers the disease as a product per se of vaso-motor tetanus. This distinguished physiologist considers migraine to be a "uni lateral spasm of the vessels of the head, caused by tetanus in the cervical region of the sympathetic, or in the spinal centre of the cervical sympathetic." In support of this theory he appeals to a group of symptoms,—to be found in (one form of) the disease, viz., the anmæia of the face, fall of temperature, sunken eye, dilated pupil, pallor, coldness of the ear, the character and distribution of pain, &c. These symptoms are followed by a state of relaxation in which the vessels give way to lateral pressure, and explain the redness of conjunctival membrane, lachrymation, redness and heat of ear and face. He explanis the vomiting by the variation of intracranial blood pressure, which are a necessary accompaniment of the fitful contraction of the vascular muscles, alternating with partial relaxation as is usual in tonic spasm." This form of the disease Eulenberg calls hemi-cranio sympathetico-tonico, as distinctive from another form described by Mollendorf, which presents the opposite conditions of relaxation of the blood-vessels in one lateral half of the head, caused by diminished innervation of the vessels, and therefore due to a lessened action on the part of the corresponding cervical sympathetic, or its spinal centre. In support of this view, Mollendorf adduces the redness, heat, and swelling of the side of the face, injection of the conjunctiva, lachrymation, redness of ear, increased secretion of sweat, dilatation of temporal artery, carotid dilatation, increased fullnes of the vessels of the head, hyperæmia, due to diminished activity of the vascular nerves, &c. Eulenberg takes the common grounds of vaso-moter disturbance as the pathology of the disease, whilst he also takes the intermediate position, that cases do occur in support of both the views of DuBois Raymond and Mollendorf, and further cites other cases which show no evidence whatever of vaso-motor disturbance of either kind.

The views of these then distinguished German authors, therefore point to three forms of migraine. Eulenberg further describes cases in which the two forms of vaso-moter disturbance are interchangeble and alternating, which he calls hemicranio alternans, whilst in other cases, the symptoms are confused and mixed together. All then of the German authors mentioned incline to the opinion that the pain of migraine is cerebral, and adduce the character of the pain as evidence that it is not altogether seated in the course or centre of the nerve. He says, what we have described in this case, that the pain is not of that lightning-character of prosopalgia, that it is boring, straining, &c. Would the vaso-motor origin of the pain in the fifth pair, change the character of the pain, and mask its usual type? or could we expect the same type of pain from such cause, as we usually find in ordinary neuralgias of that nerve? If the disease be central as Anstie says, and due to cell degeneration, ought we not to have the peculiar lightning-like pain we have in ataxia, pure and typical, when we have no reason to have sympathetic tetanus or paralysis? It occurs to me, as it has to the German authors that the character of the pain is the weak point of Anstie's pathology, although Anstie also calls in vaso-motor disturbance to account for the pain, but considers it secondary, and a result of cerebral disease affecting also sympathetic spinal centre. Eulenberg inclines to the opinion that the pain is produced by the vessels of the pia, which are followed by vaso-motor plexuses into the cortical layers, as traced by Koelliker. These vessels being in a state of spasm or relaxation give rise to trophic changes in the nerve tissue. DuBois Raymond first proposed the theory that the tonic spasm of the smooth muscular fibres of the vessels themselves was what was felt as pain—after the analogy of these painful sensations which occur in striped muscles in spasm of the calf or tetanus.

In the case which I present, the patient always said her pain was within her head, and at no time located it in the course of the trigeminus.

Interesting complications of the case are presented in the condition of the eye. I find no case recorded by Notta or Rom-

berg in which divergent strabismus with exophthalmos is combined, nor is either of these complications given separately. What is the cause of them? Another interesting complication is the intercostal neuralgia occurring on the opposite side.

Altogether the case is one of great interest, being clearly one of those cases of migraine occurring in the course of growth and developement, and which are usually severe and progressive. They also change their character during progress—often beginning with all the evidences of simple trigeminal neuralgia, and gradually lose its type, and acquire the less pronounced one of hemicrania. On the other hand they often begin with general headache and progressively develope the well pronounced type of trigeminal neuralgia, and subsequently lose the localized pain, and merge into the more diffuse and characteristic pain of migraine.

CORRESPONDENCE.

Odenton, Md., November 18th, 1878.

DRS. MANNING & ASHBY:

Dear Doctors—Having never seen anything in our works upon the treatment of poisons from Rhus Radicans or Rhus Toxicodendron, I had some trouble in managing them until I, accidentally, discovered their antidote.

Although almost unknown in the cities, yet they are exceedingly common and obstinate troubles in the rural districts. When any mucus or cutaneous surface is brought in contact with either of them, (as is frequently the case, when working on old fences, or clearing new land,) either by inhaling the smoke while burning, or by actual contact with them, an erysipelatous inflammation, or, as Dunglison claims, erysipelas is produced. It differs, however, in this—that it does not yield to the same treatment.

The antidote, I claim, for them is belladonna; I have used it in eleven cases, and in all with the same happy effect. In no case has there been any signs of disease thirty-six hours after the application.

One case I will cite to show the efficiency of the agent: A gentleman, aged 38, when I first saw him, could scarcely walk, owing to the œdematous condition of his scrotum and inflamed perinæum. The itching was almost intolerable. Within twenty minutes after the first application the itching ceased, and the next day he was attending to his duties and well. I may add that this was the testimony of all treated. The formula I used was:

℞ Ext. Belladonnæ, Alc. ʒj
Aquæ ʒiij

To be applied to the parts affected with a feather.

Whether it would answer in case of internal poison I am not prepared to say, but hope to be able at some future time.

Fraternally yours, O. Tydings, M. D.

TRANSLATIONS.

Posterior Torticollis and its Treatment by Forced Rupture of the Muscles and by the Application of Silicated Bandages.—By X. Delore, (*Gaz. Hebdom.* March 15, 1878).—Contrary to classical theories the author finds torticollis by retraction of the posterior muscles to be the most frequent. He observed it in 18 out of 22 cases. The causes are very different; cold, traumatism, angina, cervical adenitis, anthrax, burns etc. The question of treatment was long ago discussed by Delore, who as early as 1863, at the congress of Lyons, criticised the too frequent use of tenotomy and myotomy. In the majority of cases he thinks that the equilibrium can be restored by manipulation, and splints, when once the correct position is obtained. By his treatment he obtained complete success in 16 cases without the use of section.

His mode of operation is as follows: The patient, being anæsthetized, is held in the sitting posture by attendants. The head is grasped and made to rotate gradually and to incline in the opposite direction to the contracted muscles. The audible snapping announces the rupture of the bands of fibers, and at the end of

five or ten minutes the straightening of the head is complete. Silicated bandages are immediately applied, embracing the neck, the chest and the head, and the whole is strengthened by strips of pasteboard. This appliance is generally well borne, and it ought to be left in position for a month at least. A new bandage should then be applied if any contraction is noticed.

Results of Fifty Cases of Ovariotomy Practised According to the Antiseptic Method. By Prof. Carl Schroeder.—(*Gaz. Hebomadaire, No. 32,* Aug. 9, 1878).—The author gives the results obtained in his practice from May 25th, 1876, to Feb. 24th, 1878. The number of cases reaches fifty, of these three should be withdrawn from the list, as cancerous degeneration occasioned death shortly after the operation; of the forty-seven remaining cases there were seven deaths, which makes a mortality of 14. 9 in 100. The author considers it absolutely necessary to collect a large number of cases in order to establish valuable statistics. Thus in the first twenty-four cases, there were six deaths, whilst there was only one death in the remaining twenty-three. Prof. Schroeder attributes these results to Lister's antiseptic method which was rigorously applied in all fifty operations. He believes that the peritoneum can be manipulated without fear in a saturated atmosphere of carbolic acid, and that the febrile symptoms are wanting.

Ulcers Caused by Rectal Injections. By Koester (*Berlin Klin. Wochens.* No. 52, Page 766, December 24th, 1877).—Recklinghausen was the only one until the present who mentioned these rectal ulcerations, always presenting themselves in the same locality, and being characteristic in appearance. They are round, and penetrate from below upwards, they are not tumefied at the edges, and are always found on the anterior wall of the rectum about two inches from the anus. They are certainly of traumatic origin, and are caused by the canula of a syringe. On a level with these ulcers is precisely where mucous folds, the prostate glands, the uterus, or the fœtal head are found, and these offer

obstacles to the proper introduction of the syringe point, many fistulæ are commenced by this means.

A Very Simple Method of Measuring the Temperature of the Body. By E. Oertmann (*Archiv. fur die Gesammte Physiologie von Pfluger* xvi, page 101).—The author has made the singular observation that if the thermometer is placed in the stream of urine during micturition a more exact register of the temperature is obtained than when it is placed in the axilla and much more rapid measurement is produced than when put in the rectum. In the space of seven seconds the thermometer has arrived at its maximum registration.

The author recommends its use after this method when it is practicable.

Treatment of Herpes Zoster by Perchloride of Iron. By Amédée Mercièr (*These de Paris*, 1877).—The author's published observations of this study establish the fact that the perchloride of iron, applied locally, greatly modifies the disease in question.

The application is at first painful, but its action upon the neuralgic pain, which often accompanies the disease, is very rapid, and it often so limits it that it can easily be endured. The alcoholic solution is the one to be preferred.

J. D. Fiske, M. D.

REPORTS OF SOCIETIES.

REPORT OF PROCEEDINGS OF BALTIMORE MEDICAL ASSOCIATION, OCTOBER 28th, 1878.

Dr. J. R. Uhler, read a paper on the prevention of yellow fever.

Dr. Taneyhill, related the case of a young man, suffering with typhoid fever, who had experienced uncontrollable epistaxis for three days; the patient was delerious, and a large quantity of blood was lost. Used a plug made of feathers to the anterior

nares, the plug being previously charged with sub-sulphate of iron, also applied ice on the side of the neck. The hemorrhage was checked within thirty minutes; also prescribed thirty drops of oil of turpentine in yelk of egg, flavored with tincture of ginger, every hour.

Dr. Gilman, spoke of the epidemic in the South; he did not consider it true yellow fever, but a malarial disease. It attacks persons, who would ordinarily be exempt from yellow fever, it has prevailed in the rural districts, where yellow fever is never found. Dr. G., spoke eloquently in favor of the disease being of a malarial character.

Dr. Conrad, held the opinion, that yellow fever, never occurs outside of MALARIAL sections, it not being controlled by quinine was no decisive point. The first stage of the disease is similar to malarial poisoning, the *liver* is found to be in the same condition as exists in bilious fever.

Dr. C. did not believe in its portability. Decomposing animal matter holds the greatest influence over the disease. The South-East and South-West winds exercise a wonderful influence. It is not a *septic* disease.

Dr. W. F. A. Kemp, quoted freely from a work by Dr. Barton, to prove that the disease was of a malarial character.

Dr. Uhler, said that post-mortems of yellow fever patients proved the non-malarial character of the disease.

The subject was freely discussed by the *members*, after which the association adjourned.

W. A. B. SELLMAN, M. D.,
Reporting Secretary.

SIXTH ANNUAL MEETING OF THE AMERICAN PUBLIC HEALTH ASSOCIATION.

The sixth annual meeting of the American Public Health Association met in Mozart Hall, in the city of Richmond, Virginia, November 19th, at 8 o'clock P. M. There were over one hundred delegates in attendance, representing state and city boards of health, the U. S. Army, Navy and Marine Hospital

Service. Every section of the country was represented by leading physicians and sanitarians who gathered together to discuss the subject announced—"The recent epidemic of yellow fever," and to receive the report of the commission appointed to investigate the origin of the "epidemic."

Dr. Elisha Harris, of New York, president of the association, called the meeting to order in appropriate words. Rev. Dr. Peterkin, offered prayer. The president next introduced Governor Holliday of Virginia, as the presiding officer for the evening, Governor Holliday addressed the association in words of welcome to the city of Richmond. He spoke at length of the noble work the association had convened to do. In reference to the welcome of the association to Richmond, Governor Holliday spoke as follows:

"Here in this beautiful city, which was lately the heart of convulsion; here, where honest, fearless men and women strove even unto death; here, where suffering of warfare was endured that will never be known till the future,when all hearts will be revealed; here, where prayers were offered that need not be blotted even by the tear of the Recording Angel; here you have come together from North, South, East and West, as one brotherhood, to show by your words and deeds how Peace hath its victories no less renowned than War; and how we can, by the diviner instincts of our nature, make our republic one, and what she ought to be—the "Mother of a Mighty Race."

Gentlemen of the American Public Health Association, we bid you all-hail! and welcome to the hospitalities of Richmond!

Prof. J. L. Cabell, of the University of Virginia, the distinguished ornament of the medical profession in his state, and first vice-president of the association, arose and introduced Dr. Harris, the president of the association, to a Virginia audience. After referring in complimentary language to Dr. Harris' valuable services as president of the association, Dr. Cabell spoke as follows:

It is the special province of the medical profession to search out and, when found, to publish to all the world the causes of disease, and here its special function in regard to the preserva-

tion of the public health properly ceases. The members of that profession have a less direct interest and far less opportunity than the other educated classes of the community for bringing about an efficient application of the means necessary to avert the causes of disease which their scientific investigations may have disclosed. Even in England, with her admirable system of sanitary administration—which has been characterized as "splendidly comprehensive," and the practical working of which has produced a marvellous diminution of the mortality of the Kingdom—it has been asserted by the late medical officer of the Privy Council that at least "125,000 of the 500,000 deaths which annually occur" in that country "could be prevented if existing knowledge of the chief causes of disease were efficiently applied." When we consider these 125,000 preventable deaths represent nearly four millions of cases of disabling and preventable sickness, we may form some conception of the enormous pecuniary loss , to say nothing of the untold amount of needless human suffering and misery realized in those States which, like our own, persistently refuse to make any outlay for the preservation of the public health. There is therefore a pressing *desideratum* to convince the law-making authorities of their duty in the premises. To this end we need the combined counsels of lawyers and statesmen to consider delicate and difficult questions which involve the rights of individuals and of States, and the constitutional limitations of State and Federal authority. We need the aid of all the educated classes to diffuse among the people a knowledge of the enormous expensiveness of disease, and of the wise economy of a judicious outlay for its prevention. We ask your coöperation for this beneficent work.

ADDRESS OF DR. ELISHA HARRIS, OF NEW YORK.

Dr. Harris said that this was the sixth annual meeting of the association, and it is the ninth conference of the friends of this organized body. It is our duty to re-survey the field; to invite to its councils the support of all who have founded the State boards of health in sixteen great commonwealths. The ablest statesman, the great physiologists, the leaders of education in our great universities, and numerous jurists to-day lend their aid

to the solution and exposition of the public health problem With such alliance the speaker invites these associations to take part in the counsels for the enlargment and strengthening of the plan for which this body exists. In this view let me urge that this association should during the present season bring into closer apposition in its counsels still larger resources, both in membership, and in method, and in actual undertakings. I deem it a duty to suggest, among other modifications which may be found practicable, the following:

First. That each state board of health shall be entitled to one seat in the executive committee of the association, that member being elected by his associates, and to hold office for one year.

Second. That members of the State boards of health be ex-officio members of the association.

Third. That the members of the executive committee annually elected by the association shall equal the total number of members ex-officio, this committee to be henceforth designated the "Council of the American Public Health Association."

Fourth. For the purpose of shaping expert investigation and the scientific reporting of the same, and for encouragiug continual researches, there should be appropriate committees of sections, differing from the plan designed in the original construction of standing committees.

Fifth. The maintenance in each State and Territory of the system of periodical reports, weekly, monthly and yearly, of all epidemics and other prevalent diseases, supervised by State boards of health, and where there are no such boards by resident members of the association designated for the purpose, all studies and reports to be on a method of yielding comparable results.

Sixth. The study of meteorological and atmospheric conditions with reference to epidemiology and health.

Seventh. The maintenance of a committee for the study of and consultation in regard to biological and anthropological investigations, including the contributions from the census and other national and State system of registration.

Eighth. The introduction of a clause in the constitution of this

association to provide for editorial and supervisory duty in the publication and diffusion of sanitary information.

Ninth. A formal recognition of both national and international obligations in the work of this association by means of correspondence with State, national and international sanitary authorities, especially to conduce to researches that are already in progress in Europe in regard to pestilential diseases and their contagia.

These outlines may serve to show what, in the following up and rounding out of the body the association should become. The epidemic which has decimated the great valley during the past season and brought terror in nearly one hundred cities and hamlets, now, in its last days, leaves the public health authorities, and especially this association, the duty of studying its history, penetrating its causes, and reaching practical ways and means by which the ravages of this destroyer shall henceforth and forever be overcome. After thirty years of study and observation, one part of the time having official public care of the sick from yellow fever, I may say that nosological distinctions and the varying phenomena of meteorological and other circumstances which mark successive epidemics do not affect the one essential fact that this is not a pandemic pestilence. Accumulated experience indicates that the public health service of the civilized world will soon find it practicable to define the essential factors that enter into its propagation. In this last, as in every previous visitation of this scourge, the words of Sir. Wm. Lyon are as true as when he described the epidemic in Lisbon, " Disease in one of its most appalling forms held sway and art stood helpless by."

" We offer no theory, we utter no dogma, we expect no miracle, but we do believe that scientific investigation can gain the mastery of this destroyer, and this National Public Health Association convenes to-day in the capital city of the mother of States to examine, sift and analyze the recent body of evidence which we have begun to accumulate, and concerning which and the duties that lie beyond that anxious beginning of our effort to know the worst and to know the whole upon these momentous questions. All the State and municipal authorities of the regions liable to be

visited by yellow fever are gathered with us in council. It matters not to any of us if any previous theory or practice concerning the means of stamping out this subtle pestilence were suppressed by more definite and practical verdicts of such a grand court of hygiene as this : it matters not to us if it should be shown that yellow fever seemed to be personally contagious, as certainly seemed to be true in the fine new steamboat John D. Potter and its infected barges ; it matters not if in Grenada or Vicksburg or Pascagoula, or even at Chattanooga, it were claimed that the yellow fever was of domestic origin, but we venture to believe that every gentleman worthy of membership in the association has come to this national sanitary conference fully prepared to examine all things and hold fast to that which is true, and we invoke for all the deliberations a scrupulous adherence to this first duty"

" The sympathy of the good and the gifts of the affluent have been poured out. The golden bonds of enduring fraternity of the States have thus evinced, but it is the mission of hygiene and of preventive medicine now to gather up the knowledge and research which have been accumulated. Next will come the duty to appeal in no uncertain tone to the legislative and executive authorities of the several States, and indeed of the remotest commonwealth that can be invaded by yellow fever, cholera, or any pestilence portable by land or water, to agree to measures for the control and extermination of these enemies of life and health. The association will undoubtly give adequate expression to its view of the necessitv of a well-organized sanitary service in each State, with regard to both the comprehensiveness and unity of such public health services throughout the Union. Whatever ground is taken it will neccessarily comprehend that which pertains to the domain of a national sanitary service. Fortunately several eminent jurists and legislators, never guilty of unguarded utterances, offer their cordial approval of the efforts of the association to proceed from this conclusion concerning State and city obligations in regard to the nation's duty. These pestilences indicate the various deep-seated wrongs and neglects, vices and sins of the people. Whenever the human race is in

such a situation as to lose its strength, courage, liberty, wisdom, lofty emotions, the plague—cholera or fever—comes, not committing havoc perpetually, but turning men to destruction and then suddenly ceasing. As the lost father speaks to his family, and a slight epidemic to a city, so the pestilence speaks to nations, in order that greater calamities than the untimely death of the population may be avoided."

ADDRESS OF SURGEON GENERAL WOODWORTH.

Surgeon General Woodworth then addressed the board, detailing the lodgement in New Orleans of the disease and its progress through the cities and villages of the valley of the Mississippi, and depicting feelingly the sad history of its ravages. Dr. Woodworth paid a high tribute to the public spirited woman (Mrs. Elizabeth Thompson,) who with others contributed the means for the organization of the yellow fever commission, and congratulated the country that the task of investigating the causes and spread of the epidemic had fallen upon gentlemen so eminently wise and discriminating as those present. He said:

"The commission will bring facts only, facts gathered by patient, careful inquiry, made from city to city, and from house to house. The work is not yet completed, and it will not be abandoned until all of the facts possible to be obtained are gathered, either by the present commission or another, or an enlarged commission, as this association may advise or Congress direct. The same spirit which has sustained the inquiry so far will provide the way to complete the work."

"From this place, where the truth already gathered shall be presented, and views interchanged, and the threads of evidence gathered up, and conclusions drawn, the Commission will return to their work with fresh enthusiasm, carying with them, as they richly deserve, the encouragment of your association and the thanks of the people, and the benedictions of humanity."

DR. STEINER, OF MARYLAND.

Dr. Steiner of Frederick City, Md., followed Dr. Woodworth in a strong demand for legal enactments of sanitary measures to

prevent the re-occurrence of such a terrible scourge as has placed so large a region of country in mourning and devastation.

SECOND DAY.

THE REPORT OF THE YELLOW-FEVER COMMISSION.

Dr. Bemiss, of New Orleans, president of the Yellow Fever Commission, read the following report:

Surgeon-General Woodworth:

Sir.—The chairman of the Commission to whom the duty of investigating the origin and spread of the epidemic of yellow fever, which has this year prevailed in the United States, begs permission to offer the following report of the work the Commission has performed up to the present time:

Dr. Cochran joined the chairman of the Commission in New Orleans on the 4th day of October, and Dr. Howard arrived on the 6th of the same month. Nearly two weeks elapsed before the Commission was ready to take the field in consequence of the great amount of work which should have been completed in New Orleans as a first step in the successful prosecution of the investigation. It was a matter known to the Board of Health of New Orleans, and through their courtesy the facts were placed in the possession of the Commission that a case of yellow fever had been brought to New Orleans in the month of May.

THE FIRST CASE IN NEW ORLEANS.

On the 23d day of May the Emily Souder landed in New Orleans with her purser sick. At the time of her arrival this man, whose name was Clark, was carried to Claiborne street near the corner of Bienville, at a point conspicuously designated on the map of New Orleans. At this house he died on the 25th of May.

The death was returned by the attendant physician as one from malarial fever. For testimony establishing the fact that this was a case of yellow fever, I refer the Association to Dr. Cochran's notes. Another of the crew of the Souder by the name of Elliott took sick May 24th at the corner of Girod

street and Front, from which place he was taken to the Hotel Dieu May 29, and died on the 30. The Commission deemed it important, as a

FIRST STEP IN THEIR WORK,

to ascertain whether such connection existed between these cases and those imported cases, and those occurring subsequently in New Orleans, as to authorize them to declare that they afforded the fact of infection from which the disease afterwards spread throughout the city. We were compelled to leave New Orleans before this point in our investigation had been satisfactorily accomplished. Enough was developed, however, to render it probable that a connection, as yet untraceable, does exist between the cases of Clarke and Elliott and the first cases among the citizens of New Orleans. It is proper to add at this point that the Commission received a number of letters and some verbal statements purporting to give information respecting violations of quarantine by fruit vessels and other ships entering New Orleans from infected ports. Every effort which could be made in the limited time we had for work in New Orleans was put on foot to ferret out the facts connected with such alleged infringement of quarantine laws. We obtained a sufficient amount of testimony to justify a belief that one or more cases of yellow fever had occurred in the city, probably in the month of June, under circumstances which rendered it altogether possible that they had been brought to the city by conveyances as yet unknown. (See testimony of Drs. Cochran and Bemiss.) We have located the cases upon a map which occurred in the month of July. To this map have been added a group of cases occurring during the first ten days in August, because of their importance when studied in connection with the epidemic which subsequently occurred in Canton, Miss. The appointment of Col. Hardee as sanitary engineer enabled the commission to begin field-work, and they left New Orleans on the 22d and 23d of October. The plan arranged to be followed was that Dr. Howard should leave one day in advance and inspect the towns of Donaldsville, Plaquemine, Baton Rouge and Port Gibson, arriving in Vicksburg by November 3d or 5th. Dr. Cochran, with Col. Hardee, was to leave on

the 23d, and to visit all important points on the St. Louis, Chicago and New Orleans railroad, as far as Jackson, and then taking the Vicksburg and Meridian railroad to go as far as Meridian, and, returning, reach Vicksburg by the date fixed for Dr. Howard's arrival. The chairman of the Commission was to visit Canton and Yazoo City and reach Vicksburg by the 1st of November. Both Drs. Howard and Bemis were accompanied by draughtsmen. Upon arriving at Jackson, Dr. Cochran found that no trains were running on the Vicksburg and Meridian road, and very properly determined to continue up the same road to Grenada and Holly Springs, and from thence to Chattanooga and Decatur, and return to Memphis. I reached Vicksburg November 1st, and on the 3d Dr. Howard joined me. The indisposition of Dr. Howard had prevented the accomplishment of that part of the work assigned to him, and it was considered better that he should return to Louisiana and complete the study of the epidemic in Donaldsville, Plaquemine, Baton Rouge and the La Fouche regions while I should visit Port Gibson, Miss., Brownsville, and Milan, Tenn. There were no means of reaching Greenville except by steamboats, and they ran so irregularly that it was feared that any member of the Commission starting there as late as November 5th would find delays which would prevent an attendance upon this occasion. With this outline of the routes we took and places we visited I now proceed to lay before you the methods of study adopted:

At the various places visited the first object was to secure the coöperation of the practitioners of medicine in the places and the public officials. From these sources and from the various officers of the Howard Associations we obtained the facts which we expect to lay before you. We then commenced our work by getting the name, location, and date of attack of the first case of yellow fever in the town. Every point of testimony which could throw any light upon the origination of the sickness of the first case was carefully sought for and faithfully put on record. The same line of inquiry was pursued until the disease became so prevalent in the town that it was no longer instructive to continue the study of individual cases. After the general

facts in regard to the visitation of the disease and circumstances influencing its spread, or in any manner connected with it, were collected and recorded. In every town visited and mentioned in our report, except two, we made a map of the place, located the houses in which cases had occurred, and placed them upon each map as fully as possible in the short time allotted us for work. The two places excepted are the towns of Lake, Ala., and Paris, Tenn. Maps of both of those stations are prepared, but will not reach us in time to show you.

We regard this method of studying yellow fever as an extremely valuable acquisition in any scientific investigation into the habitudes of its poison; especially is this the case where great diffusion and intensified energy give it epidemic force The sanitarian can look upon these maps and see for himself the precise location of the earliest cases of an epidemic. He can determine what influence occupation of the same locality exerts upon the spread of the disease. He can see for himself how invariably yellow fever tends to arrange itself in groups of cases, and thus observe its marked contrast with the tendency of malarial fever to occur in separate, disconnected, and totally independent cases. He can also study for himself the influence of filth, bad drainage, or unsanitary situations, and of elevations and depressions of surface.

It is a matter greatly to be regretted by the members of the Commission that they could not have been afforded time to locate in this manner every case of yellow fever which has occurred in each of the towns visited. In most of the places arrangements were made with the physicians to continue the work of locating cases until it was rendered as full and accurate as could be done. In respect to the sanitary condition of the towns visited, we have to report the same character of neglect and violation of laws of health, common to all, or nearly all inland towns in the United States. These are, neglect of drainage, inattention to deposits of fœcal matter, and refuse animal and vegetable matter, and inattention to the purity of drinking water.

The violation of sanitary rules in each one of these particulars is given without reserve in respect to visited towns, except New Orleans. In regard to this city, and indeed to all places visited,

the chairman and Col. Hardee will each make verbal explanations when called upon, so as to give you the fullest information possessed. Sergeant S——, of the United States Signal Service, in New Orleans, has prepared for us a series of charts designed to show what influence is exercised over the spread and mortality of yellow fever by meteorological changes. We respectfully offer these charts for your examination, and consider them worth the earnest attention of the sanitarian. There is, however, one defective point about them which should be kept in view during their examination. This is, that the medical practitioners of New Orleans pay so little attention to the law requiring them to report infectious epidemic diseases; that the daily report of cases by the Board of health is neither full nor accurate as to date of attacks. This inaccuracy, like most others in medical statistics, tends to loose itself in the length of time and great numbers of cases included in the scope of the charts. It is a proverb almost, if not quite coeval with history, that every locality has, either in imagination or reality, its unhealthy wind, coming from some certain quarter, In New Orleans the north wind is regarded as the baleful one. A study of these charts will enable the sanitarian to determine the influence of the north winds upon the mortality rate, since that is much more nearly accurate than the daily returns of cases. Again, it is a point of very great importance to ascertain the influence of barometic readings upon the spread of yellow fever. If it is even in a limited degree an air-born disease, high readings of the barometer should afford atmospheric conditions more favorable to its diffusion than lessened pressure.

The members of your Commission unanimously agree in stating the following facts in regard to their investigation up to the present time, reserving the right to introduce at any subsequent time such antagonistic facts as may be discovered:

SOME INTERESTING FACTS.

First. We have not in a solitary instance found a case of yellow fever which we could justifiably consider as of *de novo* origin, or indigenous to its locality.

Second. In respect to most of the varous towns which we visi-

ted and which were points of epidemic prevalence, the testimony showing importation was direct and convincing in its character.

Third. The transmission of yellow fever between points separated by any considerable distance appeared to be wholly due to human intercourse. In some instances the poison was carried in the clothing, or about the person of people going from infected districts; in other instances it was conveyed in such fomites as cotton-bagging, or goods of some description, or bedding and blankets:

Fourth. The weight of testimony is very pronounced against the further use of disinfectants. Physicians in infected towns, almost without exception, state that they are useless agents to arrest the spread of yellow fever, while some of them affirm that their vapors are seriously prejudicial to the sick.

Fifth. Personal prophylaxis, by means of drugs or other therapeutic means, has proved a constant failure. A respectable number of physicians think the use of small doses of quinine of some use in prevention.

Sixth. Quarantines established with such a degree of surveillance and rigor that absolute non-intercourse is the result, have effectually and without exception protected those quarantined from attacks of yellow fever.

It is due to you and the President of this Association, and to all present, and it is also a matter of justice to ourselves, that I should declare that each one of us has exercised the utmost care possible to be observed that whatever facts we might gather and lay before you should be facts in reality. We have been cautious in accepting statements not fully vouched for, and in every instance, where it could be done, corroborating testimony has been elicited. We have entered upon our work determined that one only object should inspire us; a desire to bring into the garners of science a contribution whose fidelity to nature and truth should constitute it an authority, even when we shall have passed away.

We have found at every place we have visited an interest and desire to coöperate in our work, gratifying to ourselves and full of promise for future investigations. Especially did the medical

profession everywhere give their cordial and earnest support. At every town I visited freshly-heaped mounds of earth covered the dead of our profession, but the survivors had closed the broken ranks and still did vigorous battle with the great pestilence.

REPORT OF DR. COCHRAN, OF MOBILE.

After Dr. Bemiss had finished the reading of his report, giving a general statement of the work of the Commission, its aims and objects, Dr. Cochran, of Mobile, a member of the Commission, read his individual report on ill-fated Grenada, which was full of interesting incidents. The report gave a configuration of Grenada, its sanitary conditions, &c. The town had a sewer which was partially covered, and which had a running stream in dry weather, but which was not in a filthy condition. Indeed, except in a small part of the covered portion the culvert was generally clean. Mrs. Capt. Fields, who had the first case of yellow fever there, was attacked early in July. The source of infection could not be traced, but it might have been some cars which she passed in the depot that had come from a yellow fever city. Her house was in good sanitary condition. She had gone to the depot to see a relative on the cars, and as the train stopped twenty minutes for breakfast it is thought she went in it and sat during that time. After her case the disease spread rapidly among all the families who had visited her. The doctors at first would not believe that it was yellow fever, but the new cases forced them to acknowledge it, and in a terrible panic, all who could do so rushed from town; some going into camps about three miles distant, others to neighboring towns and cities, all bearing the seeds of the disease. It is said of the white persons who remained in Grenada only five escaped infection. The negroes were much exempt, and the percentage of deaths among them was much less than among the whites. It was increased to some extent by over-eating and other imprudent acts while convalescing. The whites who removed to other cities, as a rule, died, but those who went into camp generally escaped. The section of the town where the negroes dwelt was for sometime after the introduction of the disease free from infection.

PROF. E. LOYD HOWARD'S REPORT.

Prof. E. Lloyd Howard, of Baltimore, of the Yellow-Fever Commission, followed Dr. Cochran with a report, giving facts and incidents of the disease in Baton Rouge and Placquemine. From Prof. Howard's report, we condense the following:

Baton Rouge is situated on the east bank of the Mississippi river. The sanitary surroundings are generally good, with the exception of some lowgrounds in the vicinity, which are at times subject to overflow, causing malarial diseases. The drainage is partly toward the river and partly toward the swamps, and is not so good as the natural advantage would seem to demand. In other respects, Baton Rouge does not differ from other cities in its section of country. On the 5th of August, the Democratic Convention was permitted to assemble in the town. There were from four to five hundred delegates in attendance. Among them there were several per ons from New Orleans, and it is believed that then the yellow fever originated. The first case of clearly marked yellow fever in Baton Rouge was that of Mr. Voivodich, a Pole, thirty six years of age, who kept the hotel in which the New Orleans delegates to the Democratic Convention stopped. He was attacked on the 10th of August, and recovered after an illness of twenty days. His brother was attacked on the 24th of August, and died on the 29th with black vomit. The hotel was in good sanitary conditon. It is a noteworthy fact that the portions of the town where the worst sanitary condition was observed were the last infected and suffered the least.

The University of Louisiana is located in Baton Rouge. Strict quarantine regulations were established at the institution, and for a long time after the yellow fever had infected the city it escaped. The first case at the University was traceable to negligence in the matter of quarantine.

REPORTS ON YELLOW-FEVER.

Dr. Billings read the following:

The committee to which was referred the general report of the Yellow-Fever Commission has examined said report, and respectfully return it to the Executive Committee, with the following remarks:

1. That it is evident that the Yellow-Fever Commission has exercised great diligence in collecting data with regard to the late epidemic, and that its labors in this direction deserve the full approbation of the American Public-Health Association.

2. That the preliminary conclusions presented by the Commissioners are in accordance with the prevailing opinion of the medical profession of this and other countries, with the exception of that relating to disinfection.

3. With regard to the method of investigation pursued by the Commission the committee consider it as satisfactory, and in fact the only one which could have been employed so far as the obtaining the history of this epidemic is concerned.

4. It is believed to be of great importance that the investigation thus commenced should be made as thorough and complete as possible, in accordance with the methods of the Commission. But this committee think it proper to observe that the investigation should take a much wider range, since what is desired is to obtain, if possible, a knowledge of the cause of yellow-fever—a knowledge which the most complete history of the epidemic which can be made will not be able to furnish.

The committee go on to say: "If yellow-fever is, as we suppose, due to a specific material thing, some means is desired of recognizing the presence of that thing other than the fact of the occurrence of the specific disease in the human subject—some test which will enable us to say, for instance, here is a jar containing a substance which, if inhaled or inoculated, will produce yellow-fever in a susceptible individual, and it will do this in any part of the country if applied under proper circumstances." "The first thing to be sought is some animal or organism on which it may be possible to produce either yellow-fever or some specific and recognizable effect." This test obtained, the committee think the next step is easy. "We have to carry out a process of elimination to find out what constituents of the decaying filth are essential and what non-essential; what secretions or excretions of the body are essential and what are non-essential to the production of the poison." &c.

Dr. Albert L. Gihon, medical inspector at Annapolis, spoke on

the subject of yellow fever on shipboard as follows: I desire to put on record the experience, and opinions based on that experience, of the medical officers of the navy whom I am here to represent by the authority of the Navy Department. I believe these to be the unanimous opinions of my colleagues in the medical corps. If there are any who dissent from them, I have never met them:

First.—The yellow fever ship is always a foul ship.

Second.—Foul ships, while often generating by their filth other endemic diseases, have never yellow fever de novo.

Third.—When a foul ship visits a port where yellow fever prevails communication with that place will cause the development of yellow fever aboard that ship.

Fourth.—A clean ship may visit a port in which yellow fever is prevalent, and, by rigorously abstaining from communication of any kind with that port, will escape yellow fever contamination.

Fifth.—When yellow fever appears on a vessel, the only safety for the well is to get them out of the ship.

Sixth.—The sick can also be removed from the vessel with entire impunity to those among whom they are removed.

Seventh.—Nurses and attendants upon the sick with yellow fever aboard ship are not more liable than other occupants of the vessel to contract yellow fever.

Eighth.—When yellow fever appears on board a vessel it is possible to imprison it by battering down the hatches, carefully caulking every possible outlet for emanations from the hold and lower decks, and by requiring the crew to live and sleep in the open air and the spar deck, and abstaining from using food, water, clothing, &c., which have been below.

Ninth.—If this vessel is removed to a place where bad sanitary conditions prevail, and any of its contents are discharged, it will inevitably disseminate yellow fever.

Tenth.—It is believed that places to leeward of currents of air from such an infected vessel will cause the appearance of yellow fever in such places.

Eleventh.—Freight, food, baggage, clothing, &c., cannot be safely removed from infected vessels until they have been ex-

posed to the prolonged continuance of extreme cold weather.

Twelfth.—No vessel on which yellow fever has prevailed can be safely re-inhabited until after such exposure.

Thirteenth.—It is believed, but not entirely demonstrated, that penetration of dry, hot steam will destroy the germ of yellow fever. In conclusion, it is our belief that yellow fever is due to specific living germ, the vitality of which may be impaired or destroyed by extreme cold, and which rapidly propagate itself when deposited in a radius of visible or invisible filth.

ABSTRACTS AND SELECTIONS.

HAVING seen the happiest effects recently from the use of dialysed iron, administered to two female patients suffering from chlorosis, both of whom objected to taking iron in any form as it had always made them suffer more unpleasant effects than did the disease itself; and the rapid benefit following the administration of this comparatively new preparation of iron, led me to read up its chemistry and mode of preparation. In addition to the very favorable notice from Dr. S. Weir Mitchell, I was very much impressed with the article written by Dr. Yandell, of Louisville, and also by an analysis given in a late number of the Boston Medical and Surgical Journal, by Dr. Emory of Boston. Messrs. Jno. Wyeth & Bro., of this city, having specially called the attention of the medical profession to this preparation, I took the liberty of calling upon them, and asked if they would give me an account of their mode of preparation and allow me to visit their laboratory and see the practical workings of their appliances for the manufacture of this iron. They at once expressed their willingness to give me every facility and asked me to visit the part of the building devoted to the manufacture of this article. Their very intelligent manager of this department explained to me fully the different processes from the crude iron to the bottled preparation. Thinking it might be of interest to the readers of your valuable journal I resolved to communicate with you upon the subject.

Instead of using a commercial iron in the form of iron wire and filings they use a chemically pure sulph. of iron. The entire freedom of the iron from any impurity is very essential. The pure sulphate of iron is precipitated in large vessels by means of ammonia. It is then carefully washed, drawn out, and drained into a large steam jacketed kettle, and mixed with the proper proportion of sesqui-oxide of iron and heated to a temperature of 160 degrees. This gives the proper solution of per-oxide of iron ready for the process of endosmosis.

The water they use to aid in the dialysation is furnished by an artesian well, dug for the purpose and the water is pumped into large vats on the roof of their four-story building.

The water in these tanks is heated by steam through coils of pipe, which are so arranged that cold water may be added so as to regulate the exact temperature as may be thought necessary for the proper dialysation—this temperature being varied as the percentage of acid is lessened in the solution.

Each appliance covers a surface of 400 square feet, enabling them to prepare about sixty gallons at one time with each one of their vessels. It requires from ten to thirty days to finish each separate acid solution placed upon the membrane. Every day during the process the solution is carefully assayed by the person in charge, so as to enable him to regulate the temperature of the water and prevent the membrane from being clogged by the iron solution. The essay is made by precipitating with aqua ammonia well washed. Heat is applied to expel the excess of ammonia in the solution. Nitrate of silver is added. The mixture is then allowed to stand and afterwards decanted, washed, dried and weighed. Washing, drying and weighing shows the percentage of iron in the solution.

The standard strength of their solution of iron is 24 grains to each fluid ounce of pure per oxide of iron, each fluid ounce containing only sufficient chlorine to prevent decomposition. Occasionally if the dialysation is carried too far some portion of the solution will gelatinize from the dialyser, and occasionally if exposed to the sunlight or air too long before being bottled this solution of iron will become thick. If a small percentage of

distilled water is immediately added it will regain its limpidity at once, but if allowed to remain in this condition for some time it undergoes exactly the same change that takes place with the officinal hydrated sesqui-oxide of iron when kept under water for a considerable time. This solution when properly prepared should be almost tasteless and yield no reaction of acid to litmus paper, or any of the ordinary tests.

The usual dose is from five to twenty drops given three or four times a day. Its freedom from taste renders it especially desirable for children. As experiment has shown that only a certain amount of iron will be absorbed into the system at one time, I cannot recognize the advantage of giving it in larger doses, although some medical men claim that they get better benefit when it is administered in half teaspoonful doses. Dr. S. Weir Mitchell especially advocates the larger doses. Dr. DaCosta and a number of our leading physicians seem to prefer smaller doses, usually from 10 to 20 drops as a full adult dose. The dose given to the patients to whom I make allusion above was 15 drops three times a day.

Physicians will readily understand why this solution of iron when properly prepared can be depended upon as an antidote for poisoning by arsenic. Its chemistry is almost identical with that of the hydrated sesqui-oxide of iron.

I was also much interested and instructed by the explanation they gave me concerning their method of percolation and manufacture of fluid extracts and resinoids.

At some future time, if you think it would prove interesting and instructive to your readers, it would give me pleasure to give you a resumé of their mode of exhausting the drugs.

The very general attention now being given to sulphate of cinchona, cinchonidia, quinidia, and the other less costly alkaloids existing in Peruvian bark, on account of the terrible high cost of quinine, is a subject of great interest to the profession. At some future time I will visit the extensive works of Messrs. Rosengarten and those of Messrs. Powers & Weightman and endeavor to learn some points in regard to this subject, in order that they may be laid before your readers.—*Cin. Lancet and Clinic.* M.S.F.

A Case of Œsophagotomy.—At a meeting of the Clinical Society of London, Mr. MacCormac read a paper by Dr. McKeown, of Belfast, on this case. The patient consulted Dr. McK. on the 16th of January last; three weeks previously she had swallowed a set of false teeth, which stuck in the œsophagus. Various attempts had been made to displace it, but without avail. By palpation a body could be felt at the lower part of the neck on the right side, and by passing a whalebone with a smooth metallic end down the œsophagus, the diagnosis of a foreign body was confirmed. The patient being able to swallow sufficient food to keep her alive, and the body being just within reach of forceps, Dr. McKeown did not propose œsophagotomy till all other measures had failed. By manipulations on the outside the body was moved from the right to the left side, and seemed to have been pushed upwards. On two occasions it was seized firmly by long strong œsophageal forceps, but on the second occasion most alarming symptoms showed themselves. The plate could be moved easily from side to side, but when traction was exerted to bring it upward, the patient became livid, respiration seemed to cease, she could not speak, the tongue protruded from the mouth, and the eyes stared. It seemed as if tracheotomy would be necessary, but fortunately, on relaxing the grasp and removing the forceps, all the symptoms quickly abated. All further attempts at extraction by the mouth were definitely abandoned, and œsophagotomy was performed on January 28th. The incision was made on the left side, and extended along the groove in front of the sterno-mastoid, from a point about opposite the middle of the thyroid cartilage to near the sternum. The cervical fascia having been cut, the carotid sheath, with its contained vessels, was carefully separated (chiefly by the handle of the scalpel and the director, scissors and knife being occasionally used to cut resisting bands of fascia) from the laryngeal muscles, thyroid body, trachea, and œsophagus was then opened as freely as possible, but much trouble was experienced in removing the plate, because of its size, inequalities, and hooks. It could neither be moved up nor down, because of its hooks, and it was only by rotating it that it was at last freed and extracted. The plate was

found to be situated entirely in the œsophagus at its beginning, the long diameter being vertical. After the operation the patient made uninterrupted progress. She was fed for a week by the stomach-pump tube. On the seventh day the œsophageal wound was healed, and on the fourteenth day the whole wound was closed. The wound was kept scrupulously clean by syringing with a solution of Condy's fluid, and also by causing the patient to swallow frequently, while the œsophageal wound was open. a little weak whiskey and water with chlorate of potash, a portion of which would pass from within outward. On leaving town the patient could swallow quite well, and her speech was unimpaired. Dr. McKeown concluded by remarking, that had he known beforehand the shape of the plate, he would not have persevered so long in attempting to extract it by the mouth, but would have operated at once. He thought the operation should be more frequently performed than it is. The plate was exhibited to the Society; it had three incisor teeth attached, and a plate for a fourth. Its length was an inch and a half.—*The British Medical Journal*, June 29, 1878.

The Ventilation of Bedrooms (*The Lancet*, October 19, 1878). —Although the blood-circulation is less active during sleep than when awake, it is of considerable importance to health that bedrooms should be well ventilated. The sleeper, like a bed-ridden person, is entirely dependent upon the atmosphere supplied to him for the means of carrying on the chemical purification and nutrition of his body. He must breathe the air that surrounds him, and he does this for a lengthy portion of each period of twenty-four hours, although it is probable that in a large majority of cases the atmosphere has become so deteriorated by the expiration of carbon and the emanations from the body generally, that if the senses were on the alert some change would be sought as a mere matter of preference. When a person places himself in a condition to take in *all* air, without being able to exercise any control over its delivery, he ought to make sure that the supply will be adequate, not merely for the maintenance of life, but for the preservation of health. If a man were to deliberately

shut himself for some six or eight hours daily in a stuffy room, with closed doors and windows (the doors not being opened even to change the air during the period of incarceration), and were then to complain of headache and debility, he would be justly told that his own want of intelligent foresight was the cause of his suffering. Nevertheless, this is what the great mass of people do every night of their lives with no thought of their imprudence. There are few bedrooms in which it is perfectly safe to pass the night without something more than ordinary precautions to secure an inflow of fresh air. Every sleeping-apartment should, of course, have a fireplace with an open chimney, and in cold weather it is well if the grate contains a small fire, at least enough to create an upcast current and carry off the vitiated air of the room. In all such cases, however, when a fire is used it is necessary to see that the air drawn into the room comes from the outside of the house. By a facile mistake it is possible to place the occupant of a bedroom with a fire in a closed house in a direct current of foul air drawn from all parts of the establishment. Summer and winter, with or without the use of fires, it is well to have a free ingress for pure air. This should be the ventilator's first concern. Foul air will find an exit if pure air is admitted in sufficient quantity, but it is not certain pure air will be drawn in if the impure is drawn away. So far as sleeping-rooms are concerned, it is wise to let in air from without. The aim must be to accomplish the object without causing a great fall of temperature or a draught. The windows may be drawn down an inch or two at the top with advantage, and a fold of muslin will form a "ventilator" to take off the feeling of draught.

This, with an open fireplace, will generally suffice, and produce no unpleasant consequences, even when the weather is cold. It is, however, essential that the air outside should be pure. Little is likely to be gained by letting in fog or even a town mist.—*Med. Times.*

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BALTIMORE, DECEMBER 1st, 1878.

EDITORIAL.

VALENTINE'S MEAT JUICE.—During a recent visit to Richmond, Va., we had an opportunity of visiting the manufacturing establishment of "Valentine's Meat Juice," and of watching the various processes in the preparation of this most valuable medicinal agent. The machinery, (all of the most improved character) and the manner of preparing this Meat Juice, are original, with the proprietor Mr. Valentine, who has, after seven years of experiment and outlay of capital, succeeded in perfecting the manufacture of one of the most valuable preparations ever offered the profession. The process is one of apparent simplicity and, yet, one requiring the most careful attention in the details of its application. Mr. Valentine has reduced this process to the highest degree of perfection. The looker on is struck with the cleanliness and skill employed in this establishment, and with the purity of the article manufactured. We understand over nine thousand pounds of the best short horn beef are consumed each day in manufacturing Meat Juice. This Meat Juice is one of the best nutrient foods that has been offered to the profession. It is indicated in all asthenic diseases, and has been highly recommended as a substitute for alcohol, in low fevers.

During the recent epidemic of yellow fever over $2,000 worth of this Meat Juice was purchased by the Howard Association, for use in the treatment of this disease. Mr. Valentine received a Centennial medal in Philadelphia in 1876, and recently one at the Paris Exposition. Deservedly his is one of the most popular "Meat Juices" in the market. The city of Richmond and the medical profession at large owe a debt to the talent and enterprize of Mr. Valentine.

THE AMERICAN PUBLIC HEALTH ASSOCIATION,—The sixth annual meeting of the American Public Health Association convened in Richmond, Va., November 19th, and remained in session four days. A large number of delegates from every sec-

tion of the country assembled in this historic city of the South, to discuss the important subject of "Yellow Fever." The importance of the question proposed for discussion and the announcement that the Yellow Fever Commission would, upon this occasion, report the results of their investigations, in relation to the recent epidemic in the South, added greatly to the attractiveness of the convention, and contributed largely to the interest and importance of the work designed by the association.

From first to last between two and three hundred delegates were in attendance, the largest membership the association has ever enjoyed. The meeting was one that will long be remembered by those in attendance, as one of the most notable gatherings in the annals of the profession in America. Grave questions had been announced for discussion, and distinguished Sanitarians and Scientists had assembled to take part in the debate.

The commission organized by Surgeon General Woodworth, of the U. S. M. H. Service, made a report of their work in New Orleans, Memphis, and other cities and towns throughout the yellow fever district. The short time allowed the commission was insufficient for the collection of full data, and the report presented was necessarily incomplete. Within the time allowed important facts were collected; these facts were presented, but are insufficient to establish the true origin of yellow fever or its mode of propagation. The report indicates the direction of further inquiry upon this subject and opinions which will most probably be adopted upon this question.

The commission has committed itself in support of the exotic origin of yellow fever. The report of the commission traces the introduction of the recent epidemic into New Orleans, to the Emily B. Souder, a vessel direct from Havana. This vessel landed in New Orleans on the 23rd of May last, after having past quarantine with a clean bill of health. Her purser was taken sick with a supposed malarial fever from which he died. The second case was that of a man named Elliot who was taken sick on the 24th. He was carried to *Hotel Dieu*, where he died on the 30th. The clinical history of this case and post-mortem examination pointed unmistakeably to yellow fever. The commission were able to trace the introduction of yellow fever to these cases.

Upon the question of the origin of yellow fever, the members of the association held widely different views; a majority accepted the report of the commission in favor of the germ theory and exotic origin. A respectable number of careful observers espoused warmly the theory of an indigenous origin and opposed measures looking to an establishment of a national quarantine act. A minority opposing extreme measures adopted a medium ground, favored the observance of strict local sanitary laws and local quarantine.

It was evident from the diverse sentiment of the association that no satisfactory conclusions have yet been reached, and that from a practical standpoint the origin of yellow fever is involved in as much doubt to-day as before the commission began its work. No facts have been brought forward which were not in the possession of the profession previous to the report. Few converts have been made upon either side of this question. This much, however, must be said. The commission has performed a diligent and laborious task. It has collected an amount of statistical

bservations and data of inca'culable value. When its work is complete and this material is examined and sifted by unprejudiced minds, good results must follow.

The material obtained by the commission is of such character as to carry with it weight and authority. The introduction of yellow fever into the localities infected has been traced in every instance where it was possible to do so. Maps of the different cities and towns have been carefully prepared and the localities marked where the first evidence of the disease appeared, and attempts have been made to trace its extension from these foci of infection. The mode of the introduction of yellow fever, with clinical history of cases first attacked, and such facts as go to establish the cause of the disease have been carefully collected. The evidence presented by the commission is a strong argument in favor of the exotic theory. yet this evidence is too incomplete to be received as final. Additional testimony must be taken to cover all the possibilities in question.

The work of the commission should not end until all doubt has been solved and this theory confirmed by unerring proof.

It was apparent at the meeting of the association that diverse opinions were afloat in regard to the character of the investigation into the origin of the recent epidemic.

With some members of the Public Health Association, the commission was not in favor and its report was not received in that spirit of candor which should characterize a body of scientific men working in the interest of truth. We regret to say personal feeling and interest rose superior to calm and deliberate differences of opinion. The meeting throughout resembled more the intriguings of a political organization than a body of scientists weighing evidences of truth. The occasion was one worthy of a masterly discussion of grave and important questions and who will say it was not flitted away without the accomplishment of those practical results predicted for it?

The plan adopted for the report of the commission was such as to defeat, in a measure, the value of the report. Much valuable time was consumed in reading long and statistical papers during the first two days of the session, time which should have been devoted to a brief outline of work performed and to the discussion of questions pertinent to the reports. Many papers prepared were crowded out by this unfortunate arrangement of time.

One good act was done by the association, a committee was appointed to collect data upon which to base an appeal to the medical profession for relief of the widows and orphans of physicians who died in the late epidemic. We have previously urged the importance of an organized effort in behalf of the widows and orphans of those noble medical men who gave their lives in behalf of a suffering people, and we commend this humane act of the association as one worthy of the highest consideration. We trust the profession and a generous public will respond liberally to the calls which may be made upon them by the committee entrusted with this benevolent work,

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On Saturday the 9th of November a committee appointed by the "Maryland Academy of Sciences" and approved by the "Academy of Medicine" and "Baltimore Medical Association" consisting of Drs. J. R. Uhler, C. C. Bombaugh

and C. L. Oudesluys, waited on President Hayes with the following memorial:

To the President:

The undersigned, a committee appointed by the "Maryland Academy of Sciences," most respectfully request you to transmit to Congress, a message asking an appropriation and authority to appoint a permanent scientific and medical commission to study and rep rt upon the nature, causes, treatment and prevention of yellow fever and allied epidemic diseases; said commission to consist of twenty or more members, chosen from the ablest chemists, physicists, microscopists, biologists, naturalists and physicians in the country, with power to select from their own number and others, workers, in order that the disease may be systematically examined from different points of view, both by acclimated members on the spot, and others in the various laboratories of our country.

J. R. UHLER, M. D.,
CHARLES L. OUDESLUYS,
Rev. JOHN M. HOLMES,
GEORGE W. DAVIDSON,
P. G. SAUERWEIN,
C. C. BOMBAUGH, M. D.

During the conversation that ensued the following important points were made: 1st. That the investigation should be commenced at once in the interval before another epidemic in order that the healthy conditions of the air, water, food, plant and animal life may be accurately ascertained. 2nd. That the investigation should be made by a large number of competent persons, the acclimated ones, working in infected districts, the others in the various laboratories of our country. 3rd. It is particularly important that said work should be systematic in contra-distinction to the random efforts hitherto employed. 4th. A number of names of men possessing a national reputation from the various large universities, of the country, consisting of a naturalist, cryptogamic botanist, biologists, chemist, physicists, physiologists, microscopists and experimental physicians were suggested. Both the memorial and suggestions were favorably received and the President thought it would be well to give the matter wide publicity in order that the profession and others might bring it to the attention of Congressmen and thus ensure the passage of the bill.

A New Book on Eye, Ear, Throat and Nose Diseases.—We learn that a book is now being prepared for the press on Eye, Ear, Throat and Nose Diseases from the pen of Dr. J. J. Chisolm, Professor of Eye and Ear Diseases in the University of Maryland. This book, we understand, is prepared especially for the use of the busy practitioner who will be able to find in it all that he need know for the successful treatment of the varied diseases of these important organs. Dr. Chisolm is well-known as the author of a book on Military Surgery, and as a writer and teacher of marked ability. We will await the appearance of this work and will expect for it a favorable reception.

This work of Dr. Chisolm is one in the proper direction. In Baltimore we have many leading men standing high in professional ranks who have not done themselves justice and who owe the profession the benefits of their ripe culture and extended experience. We trust some of these gentlemen will embody the results of their large professional observation and experience in book form.

It may be urged that of book-making we have enough, yet this does not apply to that class of works on practical medicine and surgery designed to meet the wants of those busy practitioners who have not the time to over-haul large and elaborate volumes in search of practical facts. Condensation and classification of sound practice in all of the departments of medicine are urgently needed. We trust more of our Baltimore physicians will contribute practical books on the different branches of practical medicine.

INFORMATION.—We have been questioned by some of our readers in the country in regard to the manner of ordering such and such preparations advertised in this Journal. In reply to these inquiries we will state that all of these preparations are kept for sale by the Wholesale Drug House of Wm. H. Brown & Bro., 25 South Sharp Street, Baltimore, one of the largest and most reliable houses in this city. Any physician desiring to order drugs or druggists' sundries, can not do better than by ordering from this firm. They keep on hand fresh and reliable medicines and medicinal preparations, and can be relied upon as careful and prompt in filling all orders sent to them.

IODIA.—Messrs. Battle & Co., of St. Louis, Mo., are manufacturing a preparation, under the above name, which is recommended as an alterative, uterine tonic and aperient. It has been largely used by the profession with very satisfactory results, and a number of testimonials have been given in its favor. It is not a proprietory article as all of its ingredients are given to the profession. Messrs. Battle & Co., only claim the exclusive privilege of being able to manufacture it with improved facilities. Those of the profession who have not employed Iodia in the class of cases in which it is recommended, are urged to give it a trial.

NEW BOOKS —We have received from the publishing house of Messrs. Wm. Wood & Co., of New York, a volume entitled "Rest and Pain," by John Hilton, F. R. S., F. R. C. S. This is the first number of a series of medical books, which will be issued monthly by this enterprising firm, at the very low price of $1.00 for each volume or $12.00 for the twelve numbers. The work before us is a volume of 287 pages of closely printed matter, profusely illustrated and handsomely bound. The book is well worth three times its price. Every physician should subscribe to this series of valuable medical works, as he can in no manner secure cheaper and more useful medical literature than is offered by Messrs. Wood & Co. A review of this volume will appear in the January number of this JOURNAL.

COLDEN'S LIEBIG'S EXTRACT OF BEEF AND TONIC INVIGORATOR.—This excellent preparation manufactured by T. Colden & Co., Newburgh, N. Y., has become deservedly popular with the medical profession, in the treatment of all asthenic diseases where an agreeable article of diet, and tonics are required. It is recommended in typhoid fever, consumption, loss of appetite and debility induced by any cause.

It is tolerated when other forms of animal food are rejected. We invite those who have not used it to try it.

MISCELLANY.

HANCOCK'S LOZENGES.—There has yet been discovered no method for applying remedies to the mucous membrane of the mouth and throat which combines convenience and efficiency to the extent that is achieved by the lozenge, and when we consider the opportunity offered by the tablet for imprinting the name of the manufacturer, the character of the remedy, and for a display of color and form, we are rather surprised that lozenges have not come into more general use than they yet have, for the administration of other than throat remedies. Certainly the success of Mr. J. F. Hancock, of Baltimore, in this field is quite exceptional, to judge by the variety of samples of troches made by him, and which we have recently had an opportunity of examining.

The list of lozenges of various kinds made by Mr. Hancock embraces not only all those which are officinal in the United States, British, and German Pharmacopœias, but also includes the very valuable sorts used in the London Hospital for Diseases of the Throat, by Dr. Morell Mackenzie, as well as others which, though unofficinal, have the indorsement of a constant demand for many years.

The materials of which these lozenges are composed, appear to be excellent and some of them, in which fruit pastes have been employed to form the mass, are as delicate in flavor as the best confectionery. In form and workmanship they are not surpassed, and the neatness of the packages in which they are issued leave little to be desired.

Another of Mr. Hancock's specialties is a pure variety of mutton tallow which he prepares from the kidney fat of young sheep and deprives completely of its connective tissue and other foreign matters, so that in its plain state, as an excipient for ointment, or with camphor, etc., as a local application, it is unexceptionable.—

We endorse the above, copied from *New Remedies*. We have had some experience in the use of Hancock's Lozenges, both in hospital and private practice, and have no hesitancy in recommending them to the profession.—EDS.

DEATH TO QUACKS.—The law of Illinois now prohibits any person from practicing medicine within the State, who has not the license of "The State Board of Health." An advertising quack, Aitkin by name, is the holder of a license of the Board, and continued to advertise himself. The Board informed Dr. A. that unless he ceased this method of bringing himself before the public, they would revoke his license. He applied to the courts for an injunction to restrain the Board in their proposed action, and the case was heard the other day before Judge Williams, of Chicago. The Board proved by a number of reputable physicians that the representations of Aitkin regarding his ability to cure certain diseases, were false and calculated to mislead, and claimed it as their special duty to protect the people from medical imposition. Also, that as Aitkin had made misrepresentations in his advertisement, he was not a reputable practitioner, and it (the Board) had the right to discipline any member of the medical profession guilty of unprofessional conduct. The Court held this plea of the Board as sound, and the law under which the Board was created and acted, as constitutional. It further said that "the right to practice medicine was not so descended from its possessor to his heir, and may be lost by misconduct or immorality on the part of the practitioner"—citing the statutes of Ohio, Mississippi and Alabama. He would not enjoin the Board.

All honor to the State Board of Illinois.—*Toledo Medical and Surgical Journal.*

DR. HAMMOND, a reputed expert on insanity, an extensive writer on the subject, at one time Surgeon General of the United States Army, and now associate of *The Journal of Nervous and Mental Diseases*, said recently in a discussion which took place on this subject, at a meeting of the "Medico-Legal Society, of New York," "that he is in favour of punishing insane people, just as he would a tiger who went about destroying people. If a lunatic had a homicidal mania he would hang him." He would not only hang *any* and *all* insane people who killed any one, but he would hang them if they had a mania to kill, even were the deed not performed. This would be an effectual way to make vacan-

cies in our asylums, and would remove perplexing problems from our courts of law to the scaffold and the grave. I am sure such a brutal idea will never prevail where humanity exists. One of the theories of the transmigration of souls was, that some one died when each mortal was born, and the soul of the dead one, was immediately translated to the new-born child. I am afraid no one died when Dr. Hammond was born. I take this charitable view of the author of such a horrible proposal.—(Dr. Daniel Clark in Canada *Lancet*, Dec., 1878).

The Case of Dr. Thornley, of the Navy, reported by himself, seems to show that bromide of lithium, is capable of producing, the most painful and injurious effects upon the nervous system. By advice of a distinguished physician, he took it in doses of ten grains, three times a day for about two months (increased on one occasion to as much as one hundred and twenty grains in one night, of his own accord), for insommia. It produced violent nervous irritation, which gradually passed off in the course of eighteen months, aggravating, rather than ameliorating, the disease for which it was prescribed,

He finally obtained relief from his insomnia by general frictions, warm fomentations to the spine, hot pediluvia, cold applications to the head. Capsicum plasters worn habitually on the soles of the feet and along the spine, passive exercise, and perfect quietude of the mind. All nervous stimulants were carefully avoided. No restriction of the diet was practised.

The Use of Bael.—This East Indian astringent is growing in popularity in Great Britain. Dr. R. P. Ritchie writes of it, to the *Medical Times and Gazette.*

My experience of it has been very considerable. Having observed the good results following its administration in the adult, it occurred to me, when I joined the staff of the Edinburgh Sick Children's Hospital, in 1863, that it would be a good remedy in the catarrhal diarrhœas of children. In the chronic

form of this affection I found it valuable, and in those cases which assumed the dysenteric character especially so. I give it sometimes alone, and in others in combination with sulphuric acid. In cases in which much irritability of the mucous membrane or prolapsus of the bowel is present, the addition of bismuth at the same time is advisable.

LACTOPEPTINE.—Pepsin is unquestionably a valuable remedy in some cases of indigestion, but does not seem to meet all the requirements of many dyspeptic cases. Lactopeptine is presented to the profession as meeting all the indications in cases of malnutrition and non-assimilation, composed according to the formula, of Ptyalin, Pepsin, Pancreatine, Hydrochloric and Lactic Acids. It is claimed to be a combination of all the digestive agents. If we can prescribe chemically for disorder of the digestive function, such a combination would appear worthy of trial, and experience has demonstrated its value in many cases. Dr. Merritt remark: "The more my experience in its varied applicability extends, the more its beneficial effects appear."—*Buffalo Medical and Surgical Journal.*

SCIRRHUS OF THE TESTICLE.—This form of cancer, M. Nepven observes (*Gazette Hebdomadaire*, Sept. 6), has been denied by Rindfleish and doubted by numerous pathologists. He has found six well confirmed cases—two reported by Sir Astley Cooper, two by Curling, one by Dolbeau, one by Klebs. He had himself published one case with M. Manoury in 1871, and since that time he has observed two cases—in all, nine. Laying stress on the microscopical examination which he has twice made, and on the reports of Robin and Klebs, he thinks that the existence of scirrhus of the testicle is undeniable; and, by the aid of observations which he has collected, he describes with details the signs which especially belong to this lesion; small volume, woody hardness slight sensibility, very slow progress (from two to six years).—*British Med. Jour.*

Retention of Urine Relieved by Chloral.—Dr. Tidd reports the case of a young woman, in the ninth month of pregnancy, who had not urinated for twenty-four hours, as a result of which the bladder was enormously distended. Catheterism was tried, but failed, in consequence of the swelling and of the deviation of the urethra. Puncture of the bladder was proposed, but the patient refused to consent to it. Ten grains of chloral were then ordered every half-hour. It produced a deep sleep, during which the patient passed unconsciously an enormous quantity of urine. The evacuation commenced five minutes after the second dose of the solution The retention did not recur, and seven days later the patient was delivered of a healthy child.—*Jour. de Med. de Bordeaux.*

Dr. A. W. Heise, who for the past three years has filled the office of physician to the Illinois State Penitentiary, with credit to the institution and himself, was lately discharged "by reason of expiration of term of service." Dr. Heise managed the medical affairs of the prison by instituting such admirable sanitary regulations that the endemic and epidemic diseases were unknown there; the average number of cases in hospital, as shown by his annual report, being only six, thirteen per cent. of these being classed as "wounds." The average number of convicts during this time has been 1700. The commissioners have appointed a "homœopath" to occupy the place of the prison physician.—*Reporter.*

A Remedy for Obesity.—Prof. Dr. Tarnier has called attention (in *Am. de la Soci. de Med. de Grand.*, No. iv., 1877) to the success of a milk diet in cases of obesity. He lays down the following regimen: 1st day, three-quarters of usual food and one litre of milk; 2d day, half usual diet and two litres of milk; 3d day, one-quarter usual diet and three litres of milk; thereafter, four litres of milk daily and nothing else. Once in a while allow a little solid food to prevent disgust for milk. If diarrhœa occur, suspend milk diet for a while, then resume. Success always attends, entailing no dangers.

A Case of Atresia Uteri Gravidi.—In the *St. Petersburger Medicinische Wochenschrift*, Dr. J. von Dieterich describes a case of atresia uteri gravidi occurring in the eighth pregnancy from cicatricial closure of the os uteri. The patient, a peasant woman, had had six children under perfectly normal conditions. At the seventh labour a doctor had to be called in to incise the os, which did not dilate, owing to cicatricial changes. In her eighth confinement, Dr. Dieterich was called, and found the os uteri almost completely closed by cicatricial structures. There was only room to pass an elastic catheter. Dr. Dieterich made radiating incisions in the os, and, about 9 p. m., the next morning he found the os no more dilated than he had left it in the evening, when he could pass his finger. He enlarged the incisions an gave ergot. In a few hours after these proceeding a live male child was born. The recovery was rapid, the lying-in normal.—*Lancet Med. Record*, Oct. 15, 1878.

Treatment of Obstinate Hiccough by Pilocarpine.—Dr. Ortille, of Lille (*Bull. General de Therap.*, 1878), gives an account of a case of obstinate hiccough in which, after trying all the usual remedies, he had recourse to electricity. For a few hours the application appeared to prove successful; but the hiccough returned. Remembering what he had read of the action of pilocarpine upon the phrenic nerves and of the vomiting which often follows its use, he injected two-fifths of a grain of pilocarpine under the skin. The effect was almost instantaneous. A quarter of an hour after the injection the patient was covered with sweat, salivation was established, and the hiccough had definitely ceased. —*London Med. Record*, Oct. 15, 1878.

Camphor as a Hypnotic.—Wittich has repeatedly administered camphor to relieve the insomnia which accompanies certain forms of mania, hysterical insanity, and hypochondria. He has found that, under such conditions, camphor acts much better than chloral, morphine, or bromide of potassium. He administers it by hypodermic injection. He dissolves it in olive oil, and the dose which he recommends is from one to one and one-quarter

grain. Small doses are more certain to produce sleep than large doses. The sedative effect, as a rule, appears rapidly, and the sleep produced lasts several hours. The injection is to be repeated when the restlessness reappears.—*Jour. de Med. de Bordeaux.*

Case of Sciatica treated by Nerve-stretching.—Dr. Macfarlane, of Kilmarnock, reports a case of sciatica successfully treated by nerve-stretching. The case existed from January 26, 1877, to November 3, 1877, uninfluenced by any treatment, when nerve-stretching was proposed and performed. The nerve was thoroughly stretched, although the leg was not raised from the table. Immediate relief was afforded, and no relapse has as yet (eight months) taken place. Antiseptic precautions were observed, and union by first intention obtained.—*The Lancet.*

Dr. J. Milner Fothergill, of London, writes to the *Phila. Med. Times* this remarkable prediction: "The advance of Medicine in the direction of therapeutics lies now mainly in American hands—or, perhaps, rather, heads." It has generally been alleged by foreign observers and critics, that, while American surgery and gynecology occupy a proud position, the practice of medicine in this country falls far behind that of the Transatlantic professions. So that the above is somewhat encouraging, and possibly may come true.

Bromhydric Acid in Tinnitus Aurium from Quinine, etc.—This acid affords an excellent means of stopping that ringing of the ears which is often such a disagreeable accompaniment to the injection of quinine. It also exercises a not less favorable influence upon other noises, particularly those of a pulsatile character, which give, for example, the sensation of hammering. If vertigo is present, the bromhydric acid neutralizes that also. The dose is fifteen drops in a little water every fifteen minutes.—*Presse Med. Chir. de Pesth.*

American Medical Women.—On first Wednesday in Novem-

ber, 1848, the first medical college for women in the world was opened at Boston. Twelve women formed the first class of female medical students. This was the small beginning of the medical education of women that has since spread so rapidly over America and Europe. The census of 1870 reports five hundred and twenty five women doctors in the states, whereas in 1878 there was not one.—*Hospital Gazette.*

Elastic Crayon of Nitrate of Silver.—Dr. Pajot takes a laminaria-tent, two millimetres ($\frac{1}{12}$ in.) in thickness, dips it in some thick mucilage, and rolls it in finely powdered lunar caustic. When it dries, he has a crayon, of the usual thickness of a stick of nitrate of silver, which can be introduced into the cavity of the uterus without fear of breakage. In the same manner applications can be made to other cavities, and if necessary, with stronger remedies.—*Allg. Med. Cent. Zeit.*

The Effects of the Use of Quinine on Hearing.—The belief is general among the laity that the prolonged use of quinine affects the hearing. Medical men have generally disbelieved this, and attributed the notion to prejudice. Dr. Roosa, of New York, has been examining the evidence, such as he can procure, and is inclined to believe that in some cases there is a permanent nervous affection of the ear produced, which justifies the opinion of the laity.

The Treatment of Sea-Sickness.—C. J. S. Digges, M. R. C. S. E. (of St. Louis, Mo.), recommends hypodermic injections of morphia over the epigastric region in sea-sickness. In 200 passengers experimented upon, the majority were completely and permanently relieved; in the others, relief for twelve to forty-eight hours followed, allowing the partaking of food during the interval.

Epistaxis Arrested by Subcutaneous Injections of Ergotine.—Dr. Porak reports three cases of persistent epistaxis in

each of which the hemorrhage was controlled by a single injection of ergotine under the skin. He used a solution of 2 grms. (30 grs.) of Bonjean's ergotine in 30 grms. of glycerine, and injected 20 drops into the lip or cheek.—*La Tribune Medicale.*

Alcoholic Drinks in England.—In spite of the commercial distress, that prevails throughout England and Scotland, it has been ascertained that the consumption of spirituous drinks in those two countries last year exceeded that of the preceding year, when it amounted to 600,000 gallons.

Spencer Wells' Ovariotomies.—Dr. Spencer Wells has performed 900 operations for ovariotomy. Of these there have been 676 total recoveries. Dr. Wm. Farr calculated that the expectation of life gained by these operations was in all 19,691 years. —*New York City Hospital Gazette.*

Oxide of Zinc Ointment in Membranous Vaginitis.—Dr. Theophilus Parvin recommends (*Am. Practitioner*, Aug. 1878), the use of large tampons of patent lint smeared with oxide of zinc ointment in cases of membranous vaginitis.

The Surgeon General reports the the total number of deaths in the army during the year, from all causes, at 256, or about twelve in one thousand. Of these 121 died of disease, and 135 of wounds, accidents, and injuries.

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ORIGINAL PAPERS.

BAVARIAN PLAN OF TREATING FRACTURES.

BY W. W. DAWSON, M. D., PROFESSOR OF SURGERY, MEDICAL COLLEGE OF OHIO, SURGEON TO GOOD SAMARITAN HOSPITAL, CINCINNATI.

The Bavarian plan of using Plaster of Paris in the treatment of fractures and diseased joints has certainly not received that attention which its great merits demand. It has all the virtues of the immovable whilst of all it is the most easily moved and adjusted.

Most of the agents used in making immovable dressings contract when drying—a very great objection—plaster of paris does not. Starch requires forty eight hours to harden, plaster becomes fixed in from three to eight minutes.

It involves considerable temerity on the part of the surgeon to enclose a fracture in an apparatus which will prevent inspection from the first adjustment until the fragments have united. He must be possessed with contempt for the liability to malposition; disregard for the danger of undue pressure, and indifferent to the constriction following, often, the application of the permanent bandage.

Frequent inspection of the damaged part will alone satisfy most practitioners.

Had it not been for this caution, this vigilance, the immovable dressing would long since have been generally adopted, so admirably does it adjust itself to the conformation of the limb. Our countryman, Prof. Frank H. Hamilton, who has written so wisely

and so well on fractures and dislocations, in speaking of the objections to the immovable apparatus, says, "thus in all these fractures which are accompanied with such injury to the soft parts as to render subsequent inflammation inevitable or probable, this form of dressing exposes to congestion, strangulation and gangrene. Whatever its advocates may say to the contrary, the simple fact is before us, that the number of accidents resulting from this practice is far out of all proportion with any yet introduced. I have met with them myself in all parts of my own country, and the journals abound with records of disasters from this source." This is certainly strong condemnation.

Agnew, in his recent work, in speaking of the immovable apparatus, says: "The period which I regard as the only proper one for the use of the plaster roller in the treatment of fractures is after the inflammatory swelling has subsided, and when the surgeon can calculate on the fixed dimensions of the part." These are the words of caution, and reflect the sentiments of the judicious surgeon.

Our distingished leader, Gross, approves of it, but he would not apply it until the fracture is ten days or a fortnight old. He says: "The accumulated experience of the profession during the last twenty-five years is sufficient to convince any one, even the most skeptical, of the safety and utility of this mode of dressing fractured limbs. It is not, of course, applicable to all cases. * * * I am myself averse to the early use of the immovable apparatus, convinced that the safest plan always is to wait until there is complete subsidence of the resulting inflammation and swelling. From ten days to a fortnight is a good average period for the commencement of its application; employed earlier it may induce undue compression and thus compel removal." The advocates of the immovable apparatus, it will be remembered, claim most for it in the first ten days or fortnight. They urge that this early period is the critical one in a case, and that, *by that dressing, undue swelling, and dangerously intense inflammatian are prevented.*

Thus it will be seen that the two parties widely differ. The

great body of the profession, hesitate in the use of the immovable apparatus, for the fear of inducing by irregular or too severe pressure, damaging inflammation. The other and much smaller class insists, that by its immediate application great swelling, and jeopardizing tension will be avoided.

A mode of treatment that will fulfill, as we have said, all that is claimed for the immovable without its objections must certainly be regarded a desideratum.

Agnew reccommends this, the Bavarian plan, but not until, as, "in the course of eight or ten days, the inflammatory swelling will have subsided." He gives it but little prominence.

Bryant says: "The Bavarian mode of putting up a fracture in an immovable apparatus deserves a better knowledge. * * * I have tested it well, and can strongly reccommend it, it is simple and rapid in its application and most effective."

Bryant errs when he calls it "immovable."

Erichsen merely describes the method of applying this apparatus,,as practiced in the Bavarian army during the Franco-German War, but does not endorse it over the other forms in which plaster has been used.

The Bavarian mode should be called the "movable-immovable apparatus—movo-amobile." These terms were used by Seutin to designate the starch bandage, after it had been applied, dried and divided by his pliers. The following advantages may be claimed justlv for it:

1. It has none of the dangers charged as belonging to the immovable, such as strangulation, tension, &c.

2. It fits and supports the limb as perfectly as the immovable and is the most easily moved of all fracture dressings.

3. It can be applied immediately.

4. It prevents swelling—obviates strangulation and undue inflammation.

5. The materials of which it is made are cheap and easily procured.

6. It can be applied with but little assistance.

7. The enclosed part, be it a fractured limb or an inflammed

joint, can be most easily inspected—it is ever under the hand and and eye of the attendant.

8. When the fracture is adjusted the coïptation is so perfectly maintained, the limb so completely and so comfortably encased, that extension and counter extension are rendered unnecessary.

9. When the limb is thus dressed the patient may be allowed great freedom. In fractures of the lower extremity he may, at pleasure, rest in bed upon his side or back; or he may move about upon crutches. By its ability to keep the parts in positive rest it will give great comfort in diseased joints. In these respects however the Bavarian is not superior to the ordinary immovable bandages. The absolute immobility which both of them give to fractured bones and inflammed joints cannot well be over estimated.

10. Lastly by the Bavarian—this movo-amobile apparatus, a better result can be attained than by any other.

I am placing this simple manner of treating fractures high, very high. If what has been asserted is true, if it can be realized in practice, then it should take the place of all other methods.

Why has almost every surgeon of distinction invented a splint, or made additions to, or modifications of, existing ones? This question may be answered by the assertion, and the truth of this assertion not be challenged, that all splints have been unsatisfactory. The statistics of shortened limbs and the cases of malpractice in courts all over the land furnish abundant confirmation.

Carsten Holthouse, in a walk through the London Hospitals a few years ago, found the shortening in fractured femurs to range from one-half to three and one third inches.

The recent controversy in high places upon the, "to be or not to be" short limbs, is fresh in the minds of all readers. Upon one side it was claimed that under all plans abridged limbs are found and found so frequently that one of normal length is the exception. By the opposition it was asserted, that the rule had been exactly reversed—that under a certain plan of applying the immovable dressing, to find a short limb was a rare, a very rare occurrence.

The movo-amobile will, I think, settle the statistics, and the

tables in the hereafter will reconcile the distinguished parties to this controversy; shortening will be but occasional—equal length common.

In confirmation of this statement, extravagant it may be regarded by some, I may refer to a very severe—an agravated case, treated with a good result, which was reported in the Cincinnati, *Lancet* during the early part of the present year. This case shows the possibilities of this treatment. A young girl was brought into the Good Samaritan Hospital, with a compound fracture of the left thigh and a crushed ankle upon the same side. The injury was twenty-four hours old upon its reception in the house. The swelling in the thigh was marked, but the tissues around the ankle were tense and livid. The fracture here was comminuted, and the skin so damaged that the fragments were almost exposed. What could have been done in such a case with splints? Extension by the leg and ankle was impossible. The fracture in the thigh was oblique, and the limb already markedly deformed.

The Bavarian plan was adopted—the limb encased from the perinæum to the heel, extension being kept up during the application. The effusion was promptly arrested, and after the plaster had been applied forty-eight hours—the swelling had perceptibly subsided. The damaged—the devitalized skin over the internal malleolus, sloughed and converted the lower, like the upper, into a compound fracture.

This patient, with this remarkable injury moved about in bed with more freedom than is usually allowed to persons with a simple fracture of the leg when dressed with a splint. Fenestræ were made for drainage, one on the posterior part of the thigh, the other opposite the slough at the ankle.

One pronounced effect of the treatment was in the arrest of what seemed to be a very dangerous inflammation—the parts already livid at the ankle,—the tension far above the knee did not augur well for the safety of the limb.

The result in this case—a double fracture—may certainly be presented as strong confirmation of what has been claimed for

this method, the same could hardly have been attained by any heretofore—in—use.

1. What is the material of which the dressing is composed?
2. How is it applied?
3. How is it kept in place after it has once been opened?
4. If the limb shrinks, and the apparatus becomes too loose, how can that be remedied?
5. How is it applied to cases of compound fracture?
6. How does it prevent shortening?

1. A course quality of flannel, and a good article of Plaster of Paris, are necessary. The more open the woollen tissue, the more of the mineral it will take up; cotton textures do not answer well. The plaster should be mixed so that it may be dipped up with a cup, to be poured over the limb. It should be but little beyond the consistence of cream; cold water should be used; hot promotes, too rapidly, the hardening process.

2. How is it applied? Here is the key to success. It must be put on so as to press evenly all parts of the limb or it will be worse than a failure. It must fit as exactly as a well fitted stocking. For illustration let us select a fracture of the middle of the leg. Take two pieces of flannel that will extend from just above the condyles of the femur to three or four inches below the heel. Sew these together in the middle by two seams, about one quarter of an inch apart; this is to form a hinge—between the seams no plaster is admitted, it must not reach the flannel along this line. Then place this under the limb so that the hinge line may be directly in the middle. Bring the sides of the inner layer up, and join them with a seam along the tibial spine, down over the dorsum of the foot to the space between the great and second toes. Now sew together the parts of the inner layer, which is below the heel,—make this union along the sole of the foot to correspond in line with the junction on the front of the leg. The foot and leg are now completely stockinged, fig. 1. Cut the superfluous flannel down so that a roach is left about one inch high, figure 1, B, B.

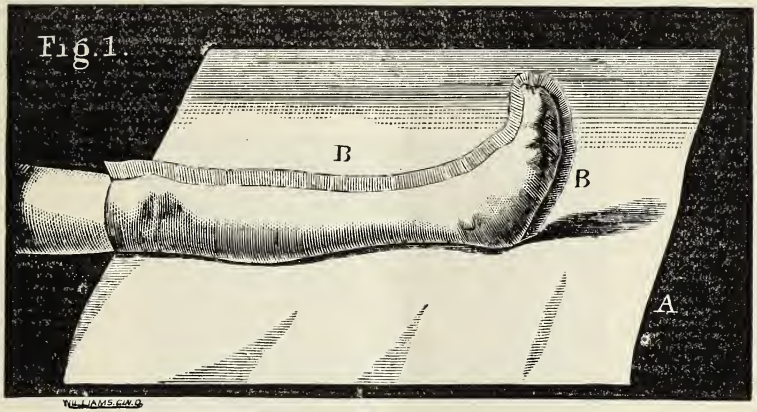


FIG. 1. Showing the leg enveloped with the inner layer, joined together in the median line, and the roach B B, reduced to about half an inch, and the interal surface of the external layer A, exposed.

Mix the plaster and whilst an assistant is pouring it over the stockinged leg, with the hand apply it evenly to all parts. Then spread it over the inner surface of the outer layer of flannel figure 1—A, and bring this up and adjust it to the inner layer smoothly. The hand, here also, must be the instrument for moulding the parts, for pressing the plastered flannel, for adjusting it to all the elevations and depressions of the limb.

When the two layers come together at the roach, be careful that, at this point, you make the angle sharp, a right angle. Much of the excellence of the dressing will depend upon the care taken with this; there must be no want of fit—no irregularity in the line. In this you may avail yourself of the hands of your assistant in pressing the parts into position.

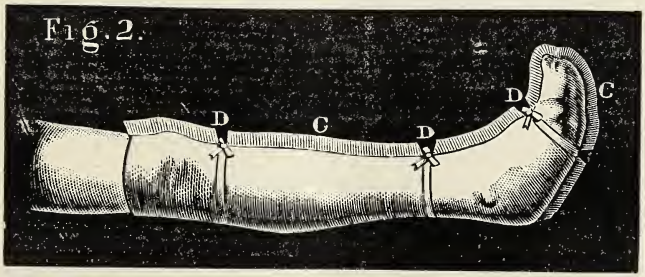


FIG. 2. Showing the dressing complete, the roach notched, D, D, D, and the fillets applied.

For the purpose of examining the fracture at this stage, or if you prefer, you may wait twenty-four hours or longer, the stitches, uniting the inner layer, may be cut and the sides pressed apart like the valves of a clam shell.

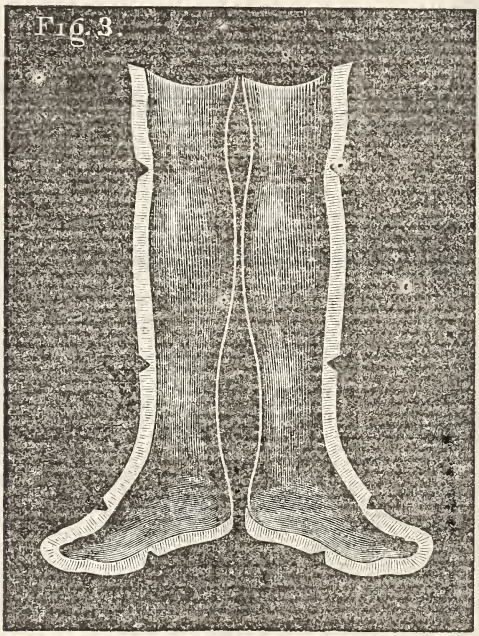


FIG. 3. The mould or cast removed and separated, showing how exactly it fits the limb.

Upon the best means of fastening the sides of the inner layer at the junction there has been some controversy, some advocating long pins, bent at a right angle to facilitate their removal, others prefer stitching. The latter is preferable, the stitches need not be closer than half an inch and as the seam is so soon to be ripped the poorer the thread the better. In a case at the Good Samaritan last winter, I saw my interne, Dr. Boland, rip up by mere force a Bavarian apparatus that had been applied from toes to the perinæum. He had put in but few stitches and had used a poor quality of spool thread. To tear off the apparatus in this way, without cutting, the plaster must be thoroughly dry. It is desirable to divide the roach and cut the stitches before the plaster

has become dry and firm. The roach at this stage can also be more easily reduced—cut down to about half an inch in heighth. Figure 2, C, C.

3. The case or splint can be kept in place after it has been divided, by cutting notches in the roach and at each notch surrounding the limb by a fillett of muslin. (Plate 2—D, D, D.) The untying of these fillets allows the greatest facility in inspection.

4. Provision can be efficiently made in compound fracture or where abscesses have been developed in the progress of the treatment. A section can be sawed out from one seam almost to the other without seriously damaging the supporting power of the appliance. A hole can be punched at a point where a drain is desired.

5. If the swelling subsides so that the case becomes too loose, a mattress of lint or cotton batting may be laid in and the leg be again enclosed. This lining makes a pleasant addition.

6. The apparatus fits the limb so closely, so accurately is it applied to all the elevations and depressions, that shortening cannot occur. In the leg, the ankle and knee make the two points between which the fractured bone is extended, and when the fragments are adjusted, the limb is so completely encased in the mould that malposition in next to the impossible. The same security can be given fractures at any point in the upper or lower extremity.

THE SCEPTICISM PREVALENT REGARDING THE EFFICACY OF AURAL THERAPEUTICS. TO WHAT EXTENT IS IT JUSTIFIABLE?

BY SAMUEL THEOBALD, M. D., SURGEON TO THE BALTIMORE CHARITY EYE AND EAR DISPENSARY; OPHTHALMIC AND AURAL SURGEON TO ST. VINCENT'S HOSPITAL, BALTIMORE, MD.

(*Read before the Clinical Society of Baltimore*, Dec. 6th, 1878.)

That otology, as a science, and aural surgery, as an art, have in recent times made very marked advances, will not I think be questioned by many, yet few will deny that there still exists a

deeply rooted scepticism, very general amongst the public, and scarcely less prevalent amongst physicians, as to the efficacy of the means at our command for the relief of affections of the ear. The evidences of the existence of this scepticism, amongst the public, are daily seen in the disinclination exhibited by persons suffering with aural diseases to apply for professional advice; in the oft repeated admonition of the friends of such sufferers, that they had better let well enough alone, lest by seeking relief they be made worse, instead of better; and in the lack of faith, not unfrequently observed, upon the part of those who do submit themselves to treatment. Amongst physicians, its existence is manifested, in the advice often given by them to patients with diseases of the ear, that they should have nothing done at present, as they may very likely outgrow the malady which afflicts them, or that their general health may suffer through the cure of the local disorder; in the lack of inclination upon the part of general practitioners to familiarize themselves with the progress which is being made in otology; and in the disposition sometimes shown to make light of the therapeutic means employed in this department of surgery.

While recognizing the fact that such widely spread beliefs have commonly some real ground for their existence, and not denying that this rule is in a measure applicable in the present instance, I contend, and shall endeavor to convince you, that the scepticism which I have described is in great part the result not only of want of knowledge, but of several very prevalent misconceptions, and, therefore, that it is to a corresponding extent unjustifiable.

In the first place, as to the lack of knowledge, I hold that even amongst physicians there are but few, who have not devoted especial attention to diseases of the ear, who are qualified to pass judgment upon the efficacy of aural therapeutics, since, to be of any value whatever, an opinion upon a question of this character must be based upon a very wide experience, such as seldom falls to the lot of the physician in general practice. And if this be true of physicians, with how much more force does it apply to our brethren of the laity, who are usually so ready to proffer advice upon this subject. Indeed, to arrive even at a correct

diagnosis, which it will be admitted must precede an accurate prognosis, requires in many cases no little experience.

And this leads me to the consideration of one of the misconceptions to which I have referred, *a very prevalent belief amongst medical men that accuracy of diagnosis in aural affections is unattainable.* Twenty years ago, before the introduction of the present method of inspecting the ear by reflected light; before the use of the otoscope, the Politzer bag, and the tuning-fork was known; and before the labors of Toynbee, of Helmholtz, of Von Tröltsch, of Gruber, and of Politzer, had thrown the light which they have done upon the anatomy, the physiology, and the pathology of the auditory apparatus, doubtless there was sufficient warrant for the existence of such a belief, but, I think I am speaking within bounds, when I assert that, with the present facilities for thorough examination at the command of the aural surgeon, and with proper care upon his part, an error in diagnosis, at least one sufficiently grave to be of practical moment, is very, very rarely justifiable.

If, indeed, we were compelled to depend solely upon the objective signs to be discovered by a local examination, doubtless we should oftener be at fault, but, when the knowledge thus obtained is supplemented by a careful enquiry into the history of the case, into the constitutional taints, inherited or acquired, which may be present, and into the condition of those pathologically, as well as anatomically, closely related parts, the throat and the nasal passages, we shall seldom be justified, as I have said, in forming an erroneous diagnosis. Thus, for example, a case is presented of progressive impairment of hearing, accompanied by annoying tinnitus. The trouble is of some months standing, and there is no history of pain or aural discharge. A careful inspection of the external ear and of the tympanal membrane reveals, perhaps, scarcely appreciable abnormal changes, and the knowledge, thus obtained, may actually dispose us to disregard the middle ear as the probable seat of the disorder; nevertheless, when by further enquiry we have learned that the symptoms began in connection with a severe and somewhat protracted cold in the head and throat, that the patient has been subject to similar at-

tacks since then, during each of which the aural complaint has become more pronounced, and when, moreover, we have discovered the existence of a catarrhal condition of the nasal and pharyngeal cavities, and, by the aid of the tuning-fork, have ascertained that the lesion causing the deafness, does not lie in the nervous, but in the sound conducting apparatus of the ear, we have made out so clear a case of middle ear catarrh (so called, for I regard the name as commonly applied as a flagrant misnomer) that he who runs may read.

Or again, when a case presenting a similar history of tinnitus and increasing deafness—perhaps more rapidly progressive, and most probably occurring in a subject between eight and fifteen years of age—with the same absence of visible pathological changes in the auditory canal and tympanal membrane, is met with, and we are led by the presence of nebulous corneal opacities, suggestive of recent interstitial keratitis, or the suspicious formation of the teeth, to enquire into the family history, and find this to be one characteristic of inherited syphilis, and when again by the aid of the tuning-fork we ascertain that the lesion is in this instance not in the sound conducting, but in the percipient nervous apparatus, we may safely conclude that we have to do with syphilitic changes in the labyrinth; and though we may not be able to localize them, or to note their character, as accurately as we can similar changes in the eye, we are, nevertheless, in a position to institute a rational course of treatment, well knowing, at least such is my experience, that our chief hope lies in the liberal and long continued administrations of mercury.

But to the next of our misconceptions, *the belief, entertained certainly by a considerable portion of the medical profession, and almost universally held by the public, in the danger supposed to attend the checking of aural discharges.* It is difficult to conceive how a notion so utterly without foundation as this is, could have obtained such wide-spread currency. Sir Wm. Wilde, doubtless upon good authority, asserts that, for its origin, we are indebted to the distinguished French anatomist, Du Verney, who published a work in Paris, in 1683, upon the anatomy and surgery of the ear; and he also soundly rates Lallemand and Itard for pro-

pagating the same prejudice, declaring that they were the more reprehensible, as from the age in which they lived, and the giant growth of medical knowledge subsequent to the time of Du Verney, they should have known better; but, he adds, with a touch of sarcasm, "I believe, like many modern practitioners, they chose rather to transmit the prejudices of one hundred and fifty years before, than take the trouble of investigating for themselves." However this may be, it is certain that, at the present day, this belief is utterly repudiated by all authorities upon diseases of the ear; who, to the contrary, now teach that the *existence* of an otorrhœa is a source of danger, which if possible should be gotten rid of by the application of remedies calculated to cure the diseased condition upon which the discharge depends. I may add, that in my own practice, which has been in accordance with this precept, I am not aware that the arrest of an aural discharge has ever been productive of ill consequences.

The disposition, upon the part of medical men, to regard a much larger proportion of the cases of deafness which come under their observation as of nervous origin, than they are warranted in doing, is another source of error to which I would direct attention, since it necessarily leads too often to the formation of an unfavorable prognosis. This tendency doubtless arises from the frequent association, with many forms of deafness, of symptoms indicating nervous or cerebral disorder, such as tinnitus, giddiness, nausea, etc. These phenomena, however, it cannot be too often repeated, do not by any means indicate that the deafness with which they are associated is of nervous origin. On the contrary, they are frequently present in inflammatory affections of the middle ear, and I have more than once encountered them, with other symptoms, such as a staggering gait and mental perturbation, pointing still more directly to cerebral involvement, as a consequence of impacted cerumen.

Still another current belief, as groundless as any to which I have referred, is, *that when the drum head has once been perforated, or broken in any manner, the ear is thenceforth, as an organ of hearing, of but little, if any, value.* The truth is, that incisions almost invariably, and small perforations as a rule, heal with

astonishing certainty and rapidity, and the acoustic properties of the ear, if indeed they have been appreciably disturbed, are presently as perfect as ever. Within twenty-four hours after incising the tympanal membrane, I have with difficulty been able to discover the line of the incision, so perfectly had it closed. And even where extensive destruction of the drum head has occurred, a reformation may often be brought about, and the hearing be restored nearly, if not quite, to the normal standard.

And now, in order to more fully verify the assertion made at the outset, and which I trust I have already in some degree substantiated, that the prevalent scepticism regarding the efficacy of aural therapeutics is in great part unjustifiable, let us consider what measure of success aural surgery is capable of attaining, in the treatment of some of the more frequently met with affections of the ear.

The commonest aural complaint, and the one which is the cause of by far the greatest number of cases of deafness, is what is generally described as chronic catarrh of the middle ear. I have already taken exception to this name as generally used, for the reason that it is oftener than otherwise applied to conditions in which no true catarrhal state exists, but in which really a diminished, rather than a hyper-secretion from the mucous lining of the middle ear takes place. Indeed, so true is this, that some one, with little regard for etymological signification, has coined the term dry catarrh !

Allowed to take their own course, the several pathological conditions included in the general term chronic middle ear catarrh, almost invariably go from bad to worse, and the deafness to which they give rise increases to an extreme degree ; whereas, by properly directed treatment, as daily experience shows, much may be done to arrest their progress, and in many instances to remedy the evil already accomplished. In those cases which are truly catarrhal, the prognosis is by far the most favorable. Indeed these, having their origin usually in an attack of acute catarrhal inflammation, are very amenable to treatment, provided this be instituted with reasonable promptitude.

The following case, the notes of which are extracted from my

clinical record, and which in the result obtained is not more favorable than may others which I might cite, is an illustration of this :—

Miss M., aged about 35, applied for treatment on the 3rd of last April. She had suffered with pronounced deafness for over two years, the left ear, which was of but little service to her, having been affected a much longer time than this. For twelve months she had also been annoyed by constant tinnitus. The result of the examination instituted, and which led to a diagnosis of chronic middle ear catarrh, was as follows : tympanal membranes opaque, as from thickening of mucous layer ; hearing, L watch at 3″, R watch at 10′, L words in loud voice at 20′, indistinctly, R words in ordinary voice at 20′, indistinctly ; Eustachian tubes not perceptibly pervious to the Valsalvian method of inflation ; some congestion of posterior fauces. The treatment consisted in the use of a gargle three times a day, containing tincture of iodine and iodide of potassium ; the inflation of the drums by the Valsalvian method after each gargling ; and the application of the ointment of iodide of potassium to the mastoid processes and to the sides of the throat below the auricles, night and morning. The Eustachian tubes were also opened and the drums inflated by means of the Politzer bag, at each visit. On the 8th of May she saw me for the last time, having paid me but two visits in the interval—being of an economical turn of mind. It was then noted, that the tympanal membranes were perceptibly clearer, and the Eustachian tubes freely pervious ; that the left ear heard the watch at 5½″, the right at 36″, the left words in an ordinary voice at 20′, and the right words in a whisper at 20′, with nearly normal acuteness. The tinnitus she had reported, two weeks before this, as having almost entirely disappeared, being noticeable only upon lying down. She was directed to continue the same treatment, and visit me in a week or ten days, which, however, she failed to do. If my instructions regarding the persistent use of the remedies were obeyed, there was doubtless a still further improvement in her condition ; and by a resort to the same treatment, had there been any subsequent disposition to a relapse, this might have been quickly overcome.

Unfortunately these cases do not come under the care of the aural surgeon, in their incipiency, as often as could be wished, (a remark which, in its application to diseases of the ear in general, might well be made the theme of an extended dissertation) but, ere his advice is sought, are permitted to pass from the easily managed acute stage into the more intractable chronic condition. If this were otherwise, unquestionably we should encounter fewer cases of irremediable deafness.

The prognosis is less favorable, as I have stated, in those forms of middle ear disease which, though included under the head chronic catarrh, are truly non-catarrhal. The common feature here is, indeed, the very opposite of what the name would seem to imply, an abnormal dryness of the tympanal mucous membrane, accompanied by a disposition upon the part of the several delicate joints in the middle ear, the perfect mobility of which is essential to the proper conduction of sound to the labyrinth, to become stiffened or anchylosed. The presence of chalky deposits in the tympanal membrane I have often remarked as an accompaniment of this condition, and the more frequent absence of appreciable signs of existing inflammation, as compared with true catarrh, is another distinguishing feature to which I would direct attention. In this group I am disposed to include the greater number of those cases in which there exists an inherited or family disposition to deafness, as also those slowly progressive forms of impaired hearing which are commonly met with in advanced life.

Otorrhœa is another aural affection of common occurrence, which is frequently amenable to treatment, and which, moreover, by timely intervention on the part of the surgeon, is in many instances susceptible of prevention. It is usually the sequence of an acute purulent inflammation in the middle ear, which has resulted in a more or less extensive destruction of the drum-head, though we do occasionally meet with it as an accompaniment of inflammatory changes in the external auditory meatus, and where the tympanal membrane is intact. This latter form is oftenest encountered in strumous subjects, and I have found that it generally yields promptly to the local application of oxide of zinc, and the

administration of proper constitutional remedies. Where, as is usually the case, the discharge is dependent upon, or at least associated with, a partial destruction of the drum-head, the treatment is generally more protracted, though in the end it yields nearly as satisfactory results. Powdered alum applied by insufflation to the bottom of the meatus, which at the outset will be found filled with a mass of exuberant granulations, or the instillation several times a day of a solution of sulphate of zinc, (gr. v. to ʒj.) together with careful cleansing by means of the syringe, the probe, and the Politzer bag, will often accomplish wonders. By these means I have, time and again, succeeded in arresting profuse and offensive aural discharges of long standing, and in bringing about a closure of perforations which had existed, perhaps, for years. In one instance, which I recall, a single application of powdered alum promptly checked a double otorrhœa of several years duration, in a little girl five years of age, and caused the healing of the small perforations upon which it depended. In an other case, in which there was a total destruction of the tympanal membrane, except perhaps the merest trace about the short process of the malleus, the persistent use of alum, supplemented by the instillation of a solution of nitrate of silver (gr. xx to ʒj) was followed by the arrest of the discharge, a marked improvement in the hearing, and the nearly complete reformation of the entire membrane; or, at least, to be more strictly accurate, by the formation of a membrane similar in character to the normal drum-head, but adherent in great part to the inner wall of the tympanum, over the whole bottom of the meatus, which had previously been studded with a luxuriant growth of granulations. A dry, perforating sound, upon inflation of the middle ear, alone remained to show that there was a slight imperfection at some point in the newly formed membrane, as this was undiscoverable by the eye.

On the other hand, it must be confessed that our best efforts for the relief of this affection occasionally come to naught, and we have the mortification, it may be after a protracted course of treatment, and with due diligence in carrying out our instructions

on the part of the patient, of being compelled to admit, that the last stage of his malady is no better than the first.

In this, however, we have but another illustration of the truth of the homely proverb, an ounce of prevention is worth a pound of cure, for it is beyond question that, had these intractable cases received proper treatment during the stage of acute inflammation of the middle ear which preceded the onset of the discharge, and which, in those where a perforation was imminent, would have included an incision of the drum-head, in order that the destruction of tissue consequent upon nature's efforts to accomplish the same end, might be avoided, the number which would have remained, as I have said, to baffle our best efforts, and mortify our pride, would have been by comparison insignificantly small.

For fear of becoming too tedious, I shall, in conclusion, refer to but one more of the commoner aural complaints, and that, one which is closely related to the affection we have last considered, aural polypus.

Aural polypi are seldom found, except in connection with a perforation of the drum-head, and are almost always accompanied by an otorrhœa. They commonly spring from some portions of the mucous membrane lining the tympanal cavity, though there are frequent exceptions to this rule. It is rare, however, to find them attached to the meatus wall, within a short distance of the external orifice of the canal, as was the case with one which I removed a few days since.

These troublesome growths, which, as I have said, are almost invariably accompanied by an otorrhœa, generally very profuse and offensive in character, are, as a rule, easily gotten rid of. They may be readily removed, most conveniently by Blake's modification of Wilde's snare, or by the canula forceps, (an instrument which does not seem to be as generally known among aural surgeons of the present day as it should be) and though they are prone to recur, if the treatment cease with their removal, this tendency may be overcome by the subsequent insufflation of powdered alum, or by the repeated instillation of a solution of sulphate of zinc. The application of chromic acid to the remains

of the pedicle is also a convenient and efficacious means of accomplishing the same end.

I trust, gentlemen, if the scepticism against which I have urged such arguments as I might command, has formed a tenet in the creed of any of you, though I may not have been so fortunate as to completely eradicate it, I have, at least in some measure, diminished the confidence with which in future you shall hold it.

LARYNGOLOGICAL PERISCOPE.

BY J. H. HARTMAN, M. D., OF BALTIMORE.

EXTIRPATION OF THE LARYNX; ARTIFICIAL VOCAL APPARATUS. —Dr. George Wegner (Berlin), described, at the late congress of the society of German Surgeons, the case of a woman, aged 52, who was operated on, in September of last year. Tracheotomy was first performed on account of severe dyspnœa; and, the presence of cancer having been detected by laryngoscopic examination, the whole larynx was removed, along with the epiglottis.

The patient was now in good health, and showed no signs of a return of the disease. She has used Gussenbauer's vocal apparatus accasionally, and had spoken distinctly with it.

She could, however, wear it for only short times, as, in consequence of the fauces being imperfectly shut off from the trachea, portions of food and mucus readily passed into the latter, and interfered with the play of the metallic tongue.

The cause of this was probably the removal of the epiglottis, from which proceeding, Dr. Wegner would abstain in any subsequent similar operation, unless it was found to be indispensable.

Dr. Wegner then showed the action of an artificial vocal apparatus on a girl aged 11, who, at the age of seven, had an attack of diphtheria, which was followed by cicatricial closure of the trachea and complete destruction of the vocal cords. When she was admitted to the hospital she wore a tracheal tube, and was quite voiceless. By means of laryngotomy and the use of bougies, the laryngeal passage was made pervious.

Dr. Wegner supplied her with an apparatus, which differed from Gussenbauer's in the absence of the tongue shaped epiglottis, and further, in the circumstance that the voice-tube was introduced first, and then the tracheal tube. With this apparatus she could speak easily and distinctly.—*London Med. Record, June 15, 1878.*

Thyrotomy for Removal of Membrane Occluding the Larynx.—At a recent meeting of the Royal Medicaland Chirurgical Society of London (Nov. 26th), Dr. Felix Sémon, read an exceedingly interesting paper upon a case of thyrotomy for the removal of a membrane completely obliterating the larynx, of which the following is a brief summary:—The patient had attempted to cut his throat, and as the wound healed, it was found necessary to perform tracheotomy. The voice gradually became diminished, and laryngoscopically a tough dense membrane was found occluding the larynx between the false vocal cords, with evidence of anchylosis of the left arytenoid cartilage.

The operation was undertaken to remove this membrane, and was the third case on record in which thyrotomy had been practised for such a purpose.

A modification of Trendlenberg's tampon was employed to plug the trachea. The author urged great caution in the administration of chloroform through the tampon—canula, the liability to asphyxia being greater than when inhaled in the ordinary way. In the operation itself he had intended to only partially divide the thyroid cartilage, leaving its upper part uninjured, so as to ensure subsequent apposition of the parts, but he was compelled to fully divide it. He then found that there was a second membrane in the larynx, at the level of the original suicidal wound, that visible with the laryngoscope being probably due to the adhesion of the false vocal cords.

He urged, therefore, in similar cases an examination through the tracheotomy wound, to ascertain the presence of other membranes. The lower and primary membrane was being excised with a pair of curved scissors, when the patient began to cough violently. It was thought that the tampon-canula did not suffi-

ciently occlude the larynx, and that perhaps blood had entered the bronchi. In re-inflating the tampon the cough was replaced by an intense asthmatic paroxysm marked by extreme inspiratory dyspnœa. No obstruction was found in the tube, but on partial evacuation of the tampon-bag, the dyspnœa ceased, showing, the author held, that an excess even of equal pressure on the inner walls of the trachea sufficed to produce reflex spasm.

The sudden cough was in corroboration of Stoerck's statement that the posterior wall of the larynx, and especially the inter-arytenoid fold, excite cough when touched, whilst the anterior and lateral walls of the larynx are not so irritable.

The wound healed by primary union, but in spite of daily repeated and long-continued passage of bougies through the mouth, there was gradual cicatricial stenosis of the larynx, and a month after the operation, no air passed through the mouth.

Dr. Semon explained that one object he had in view, in not desiring to completely divide the thyroid cartilage, was to preserve the anterior commissure of the vocal cords, and thus prevent that total loss of voice, which Bruns had shown to follow after complete thyrotomy.—*The Lancet*, Nov. 30th, 1878.

Histology of Mucous Patches on the Tonsils.—M. Cornil (*Le Progres Medical*, August 10th), presented a memoir to the Académie de Médicine on the results of the examination of several mucous patches (plaques muqueuses), which he had removed in his practice at the Hôpital de Lourcine; the wounds healed readily.

First variety: Opaline mucous patch.—The epithelium is thickened, the papillæ elongated, and the deeper connective tissue thickened by infiltration with new cells.

The superficial layer of epithelium presents cells with cavities round their nuclei; frequently also the cavity of the cell is filled with pus instead of the nucleus.

Moreover, in the same layer there are little nests filled with globules of pus, little abscesses hollowed out amidst the epithelial cells, containing from four to ten, or even up to a hundred

globules of pus. These collections of pus give the appearance of opalescence.

Second variety: Ulcerated mucous patches.—The epithelial layer is disintegrated by a great quantity of liquid and pus globules coming from the papillæ. The epithelial layer may be completely destroyed, and the inflamed papillary body form the base of the ulceration.

There exists sometimes a true false membrane, gray, adherent, diphtheritic, upon the ulceration. The false membrane contains no parasites, but the branching state of the epithelial cells, the holes or cavities in them filled with pus, present the same aspect as in diphtheria. In both cases the closed follicles of the tonsils were inflamed, and the whole organs were hypertrophied. The lymphatic sinuses round the follicles and the reticular tissue presented a variable quantity of large cells, with one or more nuclei containing red blood-corpuscles.

This follicular lesion is identical with that which the author described in the glands in the first and second stages of syphilis. In short, the syphilitic tonsils in the second stage represent a papule upon a syphilitic gland.—*London Med. Record,* Oct. 15th, 1878.

Adenoid Growths in the Posterior Naso-Pharyngeal Space. —Justi, in one of Volkman's "*Sammlung Klinischer Vortrager*" (No. 125, 1878, p. 412), calls attention to the "tonsilla pharyngea," a follicular layer similar in structure to the tonsils, and extending from the the root of the pharynx to the lateral and the posterior walls and in part to the posterior nares, as frequently being the seat of hypertrophic disease. Which may not only cause serious symptoms in itself, but may give rise to still more important disorders by the involvement of the neighboring and circumscribing mucous membranes of the nose and ear.

The diagnosis of these troubles may be made by the exploring finger reaching behand the velum, aided by the pharyngoscope, or by Zaufel's naso-pharyngeal speculum.

Therapeutically, the best remedy is shaving or scraping away the growths by a sharp spoon. For this purpose Justi advises

either a spoon made of pliable steel, or one fitted with a ring by which it can be fixed at the end of the index finger, so that the operation can be under the more exact control of the touch.

Destruction of an Exostosis in the Nasal Passage, by Means of the Burr of the Dental Engine.—In the *Medical and Surgical Reporter*, for July 13th, 1878. Dr. J. Solis Cohen, of Philadelphia reports a rather novel method of operating for the destruction of an exostosis in the nasal passage, Dr.—consulted him January 19th, with reference to an osseous tumor in the right nasal fossa, of several years standing. The tumor was developed from the palatine ridge of the superior maxilla, involving the vomer. It was the source of considerable annoyance to the patient, excited headache, had distorted the nose a little, and was painful to the touch.

At the patient's own request it was decided to grind the tumor down with the burr of the dental engine, in preference to the use of the gouge, a recent attempt at which had failed to do more than greatly increase his suffering for several days.

The affected nostril was securely tamponed posteriorly, a wire being substituted for thread, as less liable to be cut through during the operation. The patient was then etherized and placed in the recumbent posture. The ala of the nostril was held upward and outward by means of a hook improvised from a hair pin ; an incision was made over the surface of the exostosis through the mucous membrane and periosteum, which were then peeled off to both sides in mass, by means of a blunt-edged elevator.

The mass being exposed, was then gradually ground away with the burr of the engine, a gentle stream of water being continuously propelled upon the parts, to keep down the heat of friction, and to wash away the debris. The tampon fully protected the pharynx from blood and water. Some prominences left by the burr were scraped away, with a sort of hooked graver. The exposed surface of bone was carefully polished with a small corundum wheel.

The tampon was next removed, the periosteum and mucus membrane replaced, the nostril occluded anteriorly with a cotton

compress, steeped in carboliged oil (1. 40) and the patient put to bed. The wound did well, very little sloughing, filling up by granulation in a few days.

Without the engine it would have been impracticable to have gained access for the thorough removal or destruction of this tumor, with the usual surgical appliances, without having detached the nostril of the affected side, or, perhaps, having turned the soft parts of the nose up over the face, as in Rongés (of Lansanne) operation for disease deep in the nasal fossa.

A Case of Separate Investment of the Palato-Glossi Muscles.—In the *Medical Record*, July 20th, 1878, Dr. Cohen reports and illustrates a very uncommon anomaly which he met with, in a patient who came under his observation on account of a peculiarity in his voice, the evident result of overstrain. Upon the patient opening his mouth, preparatory to a laryngoscopic examination, he found that the anterior arches of the palate were incomplete upon each side, in consequence of an elongated oval aperture, just above their lingual attachments, and which was large enough to disclose the anterior surface of the posterior arch behind. The inner and slender boundary of each abnormal opening was the main free portion of the palato-glossus muscle on each side respectively, the investment of the muscle being separate, instead of forming part of a continuous palatine fold as in the normal subject.

The entire palate, the tonsils, and the pharynx were free from disease; and the peculiarity of phonation under which the patient labored, was in no wise dependant upon the anomalous conformation of his palate.

Were it not for the position of these openings, they might have been readily mistaken, at first sight, for ulcerative perforations, the result of specific processes.

The only other recorded case of the kind, is one reported by Dr. Walters, of Göttingen, (Henle and Pfeufer's *Zeitschrift fur Rationelle Medecine*, 1859, 3rd series, 7th vol., p. 156, illustrated on plate iv.)

SEMI-ANNUAL REPORT OF THE PRACTICE OF MEDICINE.

BY E. F. CORDELL, M. D., BALTIMORE.

In the *London Lancet* for November, 2nd, 1878, is a clinical lecture on *Bloodletting*, by Prof. T. Wharton Jones, which is interesting both from the views expressed and the high authority of the author. He takes iritis for illustration, because the inflammatory changes are more apparent to the observation than in other inflammations, and because of his large experience in this disease. He says,—ten to twenty ounces may be safely drawn in any case in which we would think of bloodletting at all, and in many cases a repetition to the same amount need not be feared. Practised in the early stage, it relieves or greatly mitigates pain around the orbit or temple, the feeling of depression, which is always present, is dissipated, the congestion of the eye subsides, the pupil yields more completely to atropia, and less mercury is subsequently required; convalescence is established in two or three weeks, sometimes in one week, with strength not only not impaired, but actually improved. Without bloodletting convalescence takes double the time, and then is only imperfect (owing to the serious organic damage), with loss of strength and great tendency to relapse.

In the beginning of an inflammation venesection relieves congestion, and thereby limits or prevents exudation, and even after this has taken place its effect is beneficial, though of course in a far less degree.

A peculiar incompressibility of the artery, in feeling the pulse, hot skin and white tongue, indicate the propriety of bloodletting in general; circumorbital or temporal pain furnishes additional indications for it. The system tolerates loss of blood better in severe inflammations of important organs, than when there is no inflammation present or in inflammation of less vitally important organs. In moderate degrees of inflammation or in repetitions of bloodletting, leeches may be substituted.

Bloodletting should always be done in the sitting posture, as when the patient is recumbent, syncope takes place less readily, so that more blood might be drawn than is required or safe.

Arteriotomy as a substitute for venesection is condemned. The mode in which the abstraction of blood operates beneficially in subduing inflammation in the early stage is by an impression on the vaso-motor system of nerves, and by changes produced in the composition of the blood, whereby re-establishment of the activity of the circulation in the congested part is promoted.

In the *London Lancet* for November 9th, 1878, is a report of a case of *hydrophobia* in a laborer aged fifty-six, which occurred *twelve-months* after the bite of a rabid dog. The man was bitten by his own dog, and the animal had previously bitten several other animals, which had become rabid. The arm had been greatly lacerated. Death took place on the 3rd day from exhaustion and suffocation. The post-mortem showed no other cause of death.

In the same journal is the report of a *death from chloroform* which occurred in the Newcastle-on-Tyne Infirmary, the report being made by the senior house surgeon. The subject was a clerk, aged 15, with a florid complexion, apparently in good health. No examination of the heart seems to have been made. His arm had been amputated, four inches below the shoulder joint, seven years before; the stump had become conical and the skin had ulcerated over the end of the bone. Chloroform was administered on a single fold of lint, ℥iiss in all being used. The patient was somewhat nervous at first, but readily became anæsthetized. Immediately after the completion of the operation (one minute) breathing stopped, but commenced again on drawing the tongue forwards. Soon the breathing became loud and peculiar, but continued whilst the radial pulse was absent and there was no bleeding from the wound. All the usual means were employed (except inversion) for one hour, but without avail.

Autopsy—six hours after, lungs healthy, without congestion; pericardium contained ℥ij of clear serum. Heart valves healthy,

right side widely distended with dark fluid blood, left side contracted; stomach distended with air; other organs healthy.

In the same, are some original "observations in urinary pathology and therapeutics," made by C. H. Ralfe, M. D. Cantab., F. R. C. P. L., intended to illustrate the *effect of bicarbonate of potash upon the acidity of the urine.* This effect varies according as the agent is administered before or after meals. In the former case, on the day of administration, the acidity was only slightly diminished, whilst on the day following the administration it was considerably greater than on the day preceding the administration. Administered after meals (*i. e.* during digestion), the acidity entirely disappeared, without any marked increase of acid on the following days as compared with the days preceding the experiment. The experiments therefore show that, administered on an empty stomach, the agent increases the acidity of the system, whilst given after a meal it diminished it. The experimenter offers the following explanation of this: The bicarbonate is an acid salt, "with an alkaline re-action;" now the acid re-action of the urine is held to be due to the decomposition taking place between an acid or an acid salt and the neutral phosphate of sodium in the blood, acid sodium phosphate being thus formed, which passes out with the urine. Given before meals, when the mucous membrane has a neutral or alkaline re-action, the bicarbonate passes unaltered into the blood, causing in the manner above mentioned increase of acidity of the urine; given during digestion, the acid contents of the stomach decompose it, carbonic acid is liberated, which escapes by the mouth, whilst the alkaline base passes into the system, causing an alkaline re-action of the urine.

Therapeutic indications to be drawn from these observations.

1. In cases of acid dyspepsia, arising from the excessive formation of acid in the system as in lithæmia, the alkaline bicarbonates should not be administered before food, but after,

2 The administration of alkaline bicarbonates before meals is indicated in those cases where the free acid is formed in the stomach itself, the result of fermentative changes of undigested

food or morbid mucus, when it is necessary to diminish the too high degree of acidity thus caused in order to permit digestion to be properly performed.

In the same journal (which offers a large amount of interesting and valuable reading matter), is the report of a case, occurring at the Metropolitan Free Hospital, in which the thermometric *temperature*, taken in the axilla, *rose to 115.8.°* The patient was a pale, weakly, nervous and hysterical woman, aged *32*, the mother of four children, who had suffered four months previously with an attack of acute rheumatism, and had had pains ever since in the joints, back and abdomen, especially in the right hypochondriac region, where the pain was most intense. The extremely high temperature continued for several days, the above being the highest point reached. The pulse during the same period ran up to 140 or more, being at the time of maximum temperature 120. Five thermometers were used and one of these was afterwards verified by examination. Friction of the arm, as a possible source of increased heat was excluded by the absence of any appreciable movement on the part of the patient.

In the same journal for September 21st, 1878, are reported two cases of *Perityphlitis*, which occurred at the London Hospital, under care of Dr. Stephen Mackenzie. Both occurred in young men. The symptoms which had begun nine and twelve months respectively before and had recurred at intervals (the patients being able to resume work between the attacks) were faintness, pain in right side of abdomen, anorexia, constipation, thighs flexed on pelvis, fever, slight swelling seen and felt in right iliac region which was painful on pressure. Treatment consisted in poultices, Dovers powder, gr. v twice daily, fluid diet and rest in bed. The patients were discharged apparently well in 41 and 49 days respectively. In commenting upon these cases, Dr. M. remarks that perityphlitis is a condition from which patients usually recover; it is almost always due to chronic diseases of the cœcum or more commonly in its appendix, and the areolar tissue around cœcum is almost invariably implicated. The recurrent acute

attacks are due to the lodgment of irritating or imperfectly digested food in the diseased portion of the alimentary canal. The treatment should be directed to controlling this inflammation of the cœcum or appendix and preventing its extension to the peritoneum or formation of an abscess in the surrounding areolar tissue. Dont use purgatives ; any foreign substance or undigested article of food will quickly become ensheathed by mucus and act as an irritant if no attempt be made to hurry it on. The treatment should be continued until the temperature has become normal, the swelling has disappeared and all tenderness on pressure subsided ; otherwise a tedious relapse will probably occur. After the symptoms have subsided administer oleaginous enemata if needed.

In the *British Medical Journal* for August 31st, 1878, is a paper on *Intestinal Obstruction* which had been read before the British Medical Association, by Mr. Jonathan Hutchinson, and which is worthy of a careful perusal. The following abstract is here given :

Sudden symptoms of bowel obstruction in a child are probably due either to intussusception or peritonitis ; in an elderly person to impaction or malignant disease (stricture or tumor) ; in middle age intussusception and malignant disease are very unusual. Intussusception is known by frequent straining, passage of blood and mucus, incomplete constipation, tumor (almost always discoverable per annum or through abdominal walls). Malignant stricture is to be suspected when in an old person continued abdominal uneasiness and attacks of constipation, have preceded. If in the early part of a case the abdomen becomes distended and hard it is almost certainly peritonitis. Vomiting will be in proportion to the nearness of the obstruction to the stomach and tightness of the constriction. Fecal vomiting can occur only when the obstruction is moderately low down.

Treatment : Abstain from food or medicine by the mouth ; put the patient promptly under the full influence of æther ; examine him carefully ; administer copious enemata with patient in the inverted position ; practice abdominal taxis, repeatedly if necessary. Water injections preferable to insufflation. Saline laxatives

may be used in stricture to render fæces fluid. If there be much pain give opium per rectum or hypodermically. In desperate cases an artificial anus may be created in the loin (the right to be preferred in the absence of particular indications) if the obstruction is in the lower bowel; in anterior part of abdominal wall through small intestine when the obstruction is believed to be above the cœcum. Cases of mechanical obstruction are surgical not medical; they require manipulative measures both for diagnosis and treatment and early exploratory operations. When the cause of the obstruction is not made out the latter are not warrantable, but in obstinate cases of invagination they are probably, the best treatment and justifiable comparatively early. He is very positive in his views on this point.

In the "*Allgemeine Zeitschrift fur Psychiatrie*" Band. xxxv Heft. 3, Dr. Bœttger contributes an article on the "*Misuse of Bromide of Potassium*," which has a very general interest in view of the large quantities of this drug administered, and its supposed incapacity of doing harm. The author says that the long continued use of this remedy often gives rise to a well-defined disease,—*bromism*, which is characterised by weakness, lassitude, depressed action of the heart, cold extremities, heaviness of speech, a papular or pustular eruption and characteristic sweet odor of the breath. In a still higher degree stupor supervenes, memory and articulation are impaired, hallucinations occur, with tremor of muscles and unsteady gait, the pupils are unequal and inactive, sexual power and, in females, menstruation are diminished. The diagnosis of this advanced stage from progressive general paralysis (paralytic dementia) is difficult. A fatal result is not uncommon.

Dr. Dreschfield, of Manchester, in the *Revue Mensuelle de Med. et de Chirurgie*, reports the results of treatment in *Six Cases of Thoracic Aneurism.* He regards galvano-puncture as the most certain in its effects of all the methods of treatment employed. Has never seen any embolism from the detachment of a clot formed during the procedure. He recommends the employment

of weak currents and for thirty minutes at least at a time. Insert two or three needles and connect them with the positive pole the negative electrode being a moistened sponge applied to the skin in the neighborhood of the tumor. The number of elements employed should be at first small, then gradually increased at intervals of five minutes. He allows three or four weeks to pass before repeating the operation. First employ the medicinal, dietetic, and postural methods before having recourse to galvano-puncture.

In three of the six cases, the iodide of potash and absolute rest with restricted non-liquid diet were employed without the galvano-puncture; in two of these with much benefit. In two of the three remaining cases after using the iodide ineffectually, galvano-puncture was resorted to and repeated two and four times respectively; one of these recovered and lived four years, in the other no benefit was manifest. In the sixth case all these methods were resorted to, galvano-puncture being performed three times, and the patient seemed to be cured.

We do not know positively how the iodide of potash acts, but its efficacy is not to be doubted.

An interesting case of *Insolation* is reported in the *Lancet* for September 21st, 1878. A laborer, aged 60, who had been exposed for several days to the rays of a hot summer sun, staggered and fell, but did not at once entirely lose consciousness, as he was returning home in the afternoon from work. Shortly afterwards he became completely unconscious, respiration became hurried and gasping, and pupils much contracted and non-responsive to light, there was hot burning skin, excited action of the heart, pulse 170, temperature in rectum 109. 4°. He was at once put in a bath of 60° and his head sponged with ice water. Respiration immediately became slower, and in ten minutes his pulse was reduced to 120, heart action was quieter and pupils less contracted; temperature 101–2°, surface cool. Unconsciousness, however, continued. In two hours the temperature was 99. 2°. He was then seized with spasmodic movements of the limbs. Three hours subsequently the temperature had again

gone up, the thermometer registering 105°, and the spasmodic movements had increased in severity. He was then placed in a cold wet sheet, and in two hours the temperature had fallen to 101°. Convulsive movements, however, continued for some hours; they then ceased, and consciousness returned. The urine was found to contain a considerable quantity of albumen and a well-marked diastolic murmur was heard over præcordia, the result of acute rheumatism ten years before. Some indistinctness of articulation with slight deafness remained for a day or two, then together with the albuminuria entirely disappeared. The attack was preceded for some days by complaint of the heat, headache, anorexia and constipation and the patient urinated more than a dozen times on the morning of the day on which he was taken sick.

In the same number of the *Lancet*, W. S. Oliver, M. D., Surgeon-Major, says that he has been materially assisted in diagnosing *Aneurism* of the aorta, when it occurs as is most generally the case, either in the ascending or first part of the transverse portion of the arch, by the following process: Place the patient in the erect position with closed mouth, and extreme elevation of the chin; then grasp cricoid cartilage between the thumb and finger, and press it gently upwards, when, if aneurism exist, the pulsations of the aorta will be distinctly felt.

RECENT PROGRESS IN OBSTETRICS.

BY B. F. LEONARD, M. D., BALTIMORE.

The Berlin Memorial on Puerperal Fever. (*Zeitsch. f. Geburtshuelfe u. Gyn., Vol. iii, part 1.*) A committee (Schrœder, Bœhr, Fasbender, Martin and Lœhlein,) of the Berlin Obstetrical Society, prepared a report on this subject and laid it before the Prussian minister of Public Health. It is so interesting that both its argument and statistics will be laid before the reader.

The committee is convinced that it is not in the power of even

the most perfect medical skill, unaided by law, to put a check on the ravages of so-called malignant puerperal fever, which works so much injury to family and nation. The injury is so extensive as to demand government attention.

In sixteen years (1861 to 1876 inclusive) 2,751 lying-in women died of puerperal fever in Berlin. But this number is probably short of reality, for many puerperal deaths are concealed under such headings as "abdominal inflammation," "peritonitis," "pneumonia," "pyemia" and the like. Indeed from inquiry among physicians, the committee ascertained that for the six months from October '76 to March '77 inclusive, to 93 cases reported as puerperal fever, 22 more are to be added, having been entered in the certificates under another name, so that the last 115 deaths from this cause occurred during this period. Assuming this relation during these 16 years between the actual mortality and the public records, we have 3,402 (instead of 2,751) fatal cases, or an annual death rate of 212.6.

It has been objected that a comparison of the statistics of Berlin, (densely populated and with two (2) great lying-in asylums) with the whole state of Prussia, is unfair, but investigation shows that "*the mortality in pregnancy and in childbed is considerably less in Berlin than in the whole of Prussia.*" This may be accounted for by the fact that skilled medical aid is more readily obtained in the city; not that puerperal fever occurs less frequently in the provinces.

The mortality of the state of Prussia, as it now exists, from puerperal fever, is calculated to be 8872.4 per annum; out of every 100 deaths in the state, one at least occurs in childbed.

The Berlin life assurance societies require not only an extra premium for pregnant women, but also exact it from all women during the childbearing age.

The ravages of puerperal fever are compared to the mortality of the most terrible epidemic diseases, small-pox and cholera, and it is shown that deaths from the first (its causes being in continuous operation) are even greater than from the latter dreaded diseases.

A fit comparison may be made between puerperal fever and war.

As in the latter the flower of the male population suffers, so in the former, it is the most valuable part of our female youth which is carried off. Besides, every physician knows that by far the greater part of diseases of women date from childbed: and many women who have had childbed fever in their first pregnancy never conceive again. This disease being thus shown to be a national calamity, they ask "can it be avoided and how?"

Puerperal fever, says the committee, includes a group of diseases, with varying manifestations, but having this in common, that they are called into being by the absorption from the organs of generation of a material which gives rise to destructive inflammation and fever. Puerperal fever is indeed nothing else than the infecting of fresh wounds, such as are found in every newly-delivered woman, with these destructive septic materials. Materials of this sort gain admission in two ways, first, (especially in long and difficult labors) under the influence of the particles that cause putrefaction which are ever present in the air and are ever ready to press in, decomposition occurs in the mother's own secretions and excretions, and thus takes its rise in the maternal organism itself; or, secondly, these materials are introduced into the female genital canal from the outside by the fingers of the midwife or physician, or by instruments.

A specially frequent channel of infection is from a diseased lying-in woman to another; in the majority of cases midwives are the carriers of the infection because they have the exclusive care of the majority of labors, the physicians only being called in after the onset of threatening symptoms.

The regulations proposed aim at preventing the occurrence of sporadic cases and the transmission of disease from infected lying-in women to healthy ones.

Disinfectant injections should be used in all cases of prolonged labor. Physicians know and midwives should be taught the danger of putrid infection. As it may be a longwhile ere midwives are thoroughly instructed on the subject would it not be wise to appeal directly to the public and enjoin upon husbands not to allow their wives to be examined by any hand not thoroughly disinfected?

It is desirable to reach the point when it is the universal custom *in every single case and under all circumstances for physician and midwife to disinfect their hands before they introduce them into the genital organs.*

Where puerperal fever has already broken out, special rules are demanded, for experience teaches us that they cling for the most part to the practice of *a single midwife.* In order to cut short these definite epidemics when they arise, it appears absolutely necessary *to lay upon all medical persons* the *duty of reporting such cases to the sanitary boards.* Puerperal fever should be included in the contagious diseases, of which it is necessary to send in a report. The special difficulty is in regard to diagnosis, accordingly *every case of severe feverish disease occurring in childbed, unless it be clearly established that it has no connection with the puerperal process,* should be reported to the authorities. And to be in a position to effectually cut short commencing epidemics, *they must have power to suspend the midwife from her calling for a fixed period.* (*For translation of reprint in full Vide Edinburg Med. J. Nov. '78.*)

TRANSLATIONS.

Rare Complication of Ovarian Cyst—Bi-lateral Ovariotomy. Cure. By Von Mosetig-Moorhof, (*Centralblatt f. d. m. Wissenschaft,* No. 46, November 16, 1878.)—The author operated on a person 21 years old for a left ovarian tumor. After draining and extracting the cyst, it appeared that the right tube was largely distended by liquid and made an oblong tumor. This and Fallopian tube were ligated and removed. The pedicle of the left tumor was secured in a Spencer Wells clamp and the cavity drained under anti-septic precautions. The wound cicatrized in fifteen days and the patient was dismissed in three weeks cured.

Critical Examination of a Posthumous Paper by Claude Bernard on Alcoholic Fermentation. By Pasteur (*Gazette Hebdom.* No. 48, Nov. 29, 1878).—In order to explain alcoholic fermentation, leaving Pasteur's germs or cells out of the question

Bernard supposes that there exists a soluable ferment which he can not demonstrate, which would exist in ripe grapes, and especially in decomposed ones. He admits explicitly the spontaneous generation of the grape yeast, in concluding that grape ferment does not produce external germs.

In the method about to be described, Pasteur has endeavored to prove by experiment the fallacy of Bernard's investigation. It is known, as he established in his studies on beer, that yeast germs do not exist in bunches of grapes that are green. The yeast does not appear on the bunches until the grapes have ripened. In the commencement of August, Pasteur sealed almost hermetically some grapes before maturity, having first ascertained that they contained no trace of germs. To be more sure, some were surrounded by cotton, which had been subjected to a temperature of 150 to 200 degrees. In October experiments were made with these bunches and with grapes grown in the open air. The latter fermented in 36 or 48 hours, at a temperature of 25 or 30 degrees. The others did not ferment at all.

As another proof the bunches surrounded by cotton were exposed to the air and alcoholic fermentation was soon produced. As to the ferment which Bernard hypothetically admitted, the experiments which he made always left him in doubt, whilst Pasteur proves conclusively the absence of fermentation is caused by the absence of germs.

On the Possibility of Obtaining Prolonged Insensibility by Nitrous Oxide Gas, and on the Harmlessness of this Anæsthetic. By M. P. Bert, (*Gazette Hebdom*, No. 48, Nov. 29, 1878.) —The protoxide of nitrogen, whose anæsthetic properties were discovered by Sir Humphry Davy, at the end of the last century, is employed now-a-days by a large number of practitioners to obtain insensibility during the extraction of teeth But this state can not be prolonged for the reason that when sufficient is exhibited to obtain the desired effect, phenomena of asphyxia appear. American surgeons have only succeeded in performing operations of any length, by producing anæsthesia at intervals with periods of sensibility.

By the ordinary method pure nitrous oxide is exhibited without any admixture of air, and it results that asphyxia is on an equal footing with anæsthesia. The author proposes a remedy to this grave inconvenience and has succeeded in producing anæsthesia indefinitely prolonged without symptoms of poisoning. As this gas must be administered absolutely pure, it is evident that to effect an entrance into the organism its tension must be equal to one atmosphere. The proportion must be 100 per cent. Now, if the patient be placed where the density were raised to two atmospheres, he could then breathe 50 per cent. of gas and 50 per cent. of air, and an anæsthesia would thus be obtained, which would not interfere with the normal quantity of oxygen in the system.

The author has experimented thus far on animals only, but the results have been very conclusive.

When, at the expiration of a given period, the bag is removed which contains the gaseous mixture, the animal is seen at the third or fourth respiration to regain possession of his faculties, as is proven by his willingness to bite. If allowed to escape, he walks without effort and regains immediately his playfulness.

This rapid return to the normal state, so different from that observed with chloroform, is explained by the want of chemical combination of the gas with the blood. It is simply diffused in the circulation. When it is no longer inspired it escapes rapidly by the lungs, as the analysis of the gases of the blood proved to the author.

Further Contributions to the History of the Origin of Endocarditis. By E. Klebs, (*Archiv. fur exper. Pathol. ix*, Page 52.) Klebs credits himself with the priority in teaching that the entire range of maladies generally designated rheumatic and especially endocarditis depends upon fungi which he calls monads. This statement was called forth by Koester's treatise (*Cbl.* 1878, page 648), in which a dependance upon micrococci in ulcerative and malignant forms only of endocarditis is actually shown. Klebs admits of but two causes for inflammation of the valves of the heart, viz, the monad and the sceptic form. To prove that

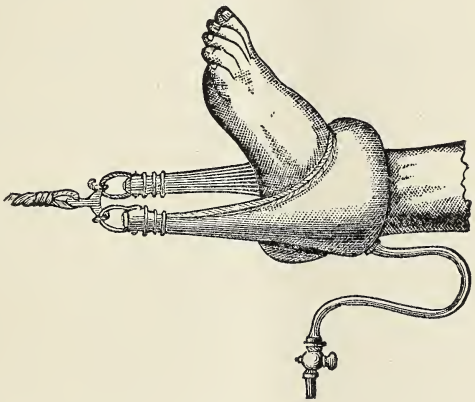
every real case of endocarditis originates in the emigration and settlings of small organisms, Klebs offers sections, microscopical drawings which exhibit in the thickened and changed valves masses of monads, and he adds, that besides the cases above mentioned, all other cases investigated by Eppinger and himself gave the same results. By microscopical investigation Klebs substantiates the fact that the fungi are found on the valves underneath the deposits caused by thrombosis at which point no cell-proliferation was discovered and concludes that the invasion of fungi is the primary cause of the pathological change and these instigate the cell-activity which finally materially modifies the appearance of the pathological anatomy.

His conception of the manner in which the micro-organisms reach the valves differs decidedly from Koester's, Klebs considers the blood-stream as the means of transportation of the monads, and that they colonize in the valves because of the forcible closure, which forces the fungi into the valve-substance. Koester thought the process was first brought about by embolism.

Treatment of Articular Rheumatism by Benzoic Acid. By Senator (*Wien. Med. Presse*, 1878, No. 41).—The author employed this new therapeutic agent twenty times in acute, and ten times in chronic articular rheumatism. In the latter cases the results obtained were not very satisfactory, which is not surprising as chronic rheumatism offers small encouragement for treatment. Benzoic acid has the advantage of salicylic acid in that it does not produce bad impressions in ordinary doses—at the same time having a sufficiently rapid effect in checking the disease. It is to be observed however that the temperature decreases less rapidly, no matter in what disease it is used.

The dose in simple cases is from eight to twelve *gms.*, or even more in the adult. The author fails to communicate in what vehicle it should be exhibited. The curative action of benzoic and salicylic acid is probably due to the property they possess of arresting pathological fermentation of the tissues or in the circulatory stream.

India Rubber Extension Apparatus. By Kaufman (*Illustrit. Vierteljahrschrift d. ærtzlichen Polytechink*).—As is seen in the cut—the appliance consists of a vulcanized rubber bag with lateral appendages to which are applied the weights. This can be inflated through a rubber pipe like a colpeurynter and the air retained by turning a stop cock.



This invention was exhibited at the Paris Exposition by Galante, who claims that its greatest advantage is the fact that the pressure is exerted evenly on the entire circumference of the foot. Patients state that the bandage is well borne. For the reason that it exerts equal pressure, it is to be especially recommended for very thin persons.

A Case of Facial Spasm Cured by Nerve Stretching. By ———(*Gazette Hebdom.* Nov. 1, 1878, No. 44).—A woman, 55 years old, had suffered for six years with a violent facial tic of the left side. On incision the facial nerve appeared congested, but not thickened. It was seized in a torsion forceps, raised from its bed and forcibly pinched. The spasm did not return. This excellent result was thus explained. It is probable that the stretching caused the unhealthy portion of the nerve to leave the stylo-mastoid foramen and a healthy portion was substituted for that part irritated by compression. The above described proced-

ure demonstrates the utility of an operation, which after giving surprising results in the hands of Billroth and Nussbaum, has since almost been forgotten. If it has failed with other operators it is from the fact that surgeons hesitate to bruise the nerve sufficiently. The paralysis which may supervene is transitory, and ought not to be feared.

REPORTS OF SOCIETIES.

BALTIMORE ACADEMY OF MEDICINE,

Stated Meeting November 14th, 1878.

Dr. P. C. Williams reported the case of a lady who has reached the 4th or 5th month of her 7th pregnancy, and who has suffered for the last six weeks with intolerable itching of the surface of her body, extending over the entire surface. She has also pruritus vulvæ. Hitherto her health with this exception has seemed to be perfect, although now she is losing appetite and strength, and is growing nervous and fretful, almost to the verge of insanity, solely from the cutaneous irritation and insomnia thereby occasioned. Her urine is healthy, showing no signs of sugar; there is no sickness, no visible rash. Numerous remedies have been tried, including alkalies, anodynes (both external and internal), arsenic, alkaline baths, etc., but to no purpose, not even producing mitigation.

Dr. Buckler thought the case was probably due to a central cause and recommended Squibb's phosphorus pills. He has had two similar cases; they both began at the 5th month. One died from convulsions, the other after delivery from kidney trouble.

Dr. Van Bibber recommended the choleanate of soda, Merck's preparation, continued for some time. He has had at least four cases of general itching, besides others with the localized affection.

Dr. H. P. C. Wilson, had had two cases, both in the ninth month of pregnancy. A combination of sulph. morphia and brom.

potash, gave more relief to the intolerable itching than any other remedies, although even these did not give entire relief. There was no eruption or other apparent cause for the cutaneous irritability. The lives of the patients were rendered wretched by it. The bath gave relief only during the time they were in it. The affection disappeared after delivery. There was no tenderness over the spinal cord.

Dr. Morris thought chloral the very best remedy for this condition; should this fail, he advised prussic acid, which is being used abroad. He had used with benefit a combination of prussic acid and hypo sulphite of soda.

Dr. McSherry related the case of a woman at the Baltimore Infirmary who suffered with perpetual gagging, vomiting with general insensibility. There was no inflammatory trouble. She was supposed to have been poisoned. At every fourth inspiration there was a distressing spasm of the diaphragm,—a sort of gasp. For three or four days she was unable to swallow. Inhaling chloroform had no effect. The nitrite of amyl and ether aggravated the symptoms. Vaginal examination revealed nothing abnormal. She had had syphilis, and had had her back broken years ago. She was treated (besides the remedies already enumerated,) with applications of ice and heat alternately to spine; and chloroform in small quantities was retained and gave relief. After some days she left the hospital well. For three or four days she was without food or drink. There was great spinal tenderness, but none elsewhere. The hydrobromate of quinia hypodermically was without effect. This woman had once been placed in her coffin as dead. The nervous element in Dr. Williams' case suggests the report of this one, in which syphilis and hysteria were prime factors.

Dr. Uhler reported the result of the use of the picrate of ammonia in four cases of whooping cough. One, a colored girl 16 years of age, her second attack yielded remarkably to it, the other three cases were in children, and were but slightly benefited. It was given internally in the dose of $\frac{1}{8}$ to $\frac{1}{4}$ grain every 2–3 hours. There was no discoloration of the linen from the urine. Slight jaundice was apparent after two weeks. This

remedy has been highly extolled in whooping cough.

The announced paper for the evening by Dr. Julian J. Chisolm on the effects of tobacco on the eye sight was called for. The report was based upon the study of thirty-five cases which he had seen in the last eight years from 1871 to 1878 inclusive. These cases represented a total of 13,744 eye patients who had received professional treatment at his hands during the period referred to. They contrasted with amaurosis from all causes as 1 to 8. In explanation of the very large number of cases of tobacco poisoning in which he has met with it, he stated that his patients lived in Maryland, Virginia, North Carolina and Kentucky, the tobacco region of America, where from the cheapness of the genuine article, substitutes were not used. The proportion of cases of tobacco poisoning in Europe would be necessarily very much less as a very large portion of the so-called tobacco used as cigars on the continent recognized beet leaves and other similar vegetable matters for their maternity. The symptom of tobacco poisoning was a steady clouding of vision which age could not explain and which glasses would not correct. This smoke surrounded both near and distant objects. When sight was so dull that ordinary reading could not be indulged in in any kind of light, the eye to all appearances would be perfectly normal. Even the ophthalmoscope, however carefully used, elicited no pathological appearances. In fact the disease was rather recognized by the absence of any appreciable pathological lesion. If the disease were of long continuance and had advanced to such an extent that reading of any kind were impossible, then the ophthalmoscopic examination would reveal white atrophy of the optic nerve, a gradual shrinkage of the feeding vessels of the optic nerve, a starving of this structure into a paralytic condition.

Dr. Chisolm had never seen these poisoning effects produced under 10 years use of tobacco, showing that the poisonous effects were very slow in their development. He narrates cases where persons had used tobacco for 30 years before any impairment of the sight took place. He also mentioned cases of excessive use of tobacco for a long life time with no evidences of poisoning whatever. As to the quantity which may affect the nerve centres

he found no fixed amount. One patient was only poisoned by the average use of 20 cigars per day for thirty years, while another gave marked evidences of the injurious effects of the weed by the use of one single cigar a day and even that one only half smoked, of the 35 cases of tobacco poisoning only one was occasioned by excessive chewing. One of his cases was in a female who confessed to pipe smoking after the diagnosis had been announced.

He has found but one remedy against tobacco poisoning viz; total abstinence from the use of the weed.' Nothing short of this will restore sight to the dim eye. He had seen cases where strychnia and electricity had been used in vain, until the cigar was laid aside when improvement commenced to show itself at once and continued rapidly to complete restoration. He believes that the discarding of tobacco alone would cure many cases. He usually aids the restoration by means of strychnia. His minimum dose to an adult is one-twentieth grain sulphate of strychnia to be taken after each meal. This dose he slowly increases to one-fifth grain, which most patients can comfortably bear in time, so rapidly does the system accommodate itself to the drug. After eating is the proper time to administer the dose. He had experimented extensively with strychnia in the hypodermic injection, the fluid dose by the mouth and the sugar coated granules. He now uses exclusively the latter as equally effective and most agreeable. He can see no advantage in injecting under the skin a tonic which can only act after absorption into the circulation. The little operation when repeated three times a day for several weeks can not be considered a pleasant anticipation. The operation necessitates the presence of the physician which in itself is a serious inconvenience altogether obviated by the use of pills. The evening pill is most likely to induce muscular contractions therefore when he administers one-fifth grain strychnia after breakfast and dinner, he gives only one-tenth grain after supper.

Meeting November 5th.—Dr. J. C. Thomas reported the following case, and asked the opinion of the Academy as to its etiology, which to him seemed obscure. A girl æt. 9 had been

for some time ailing without more defined symptoms than malaise and loss of appetite, when some symptoms of a malarial character supervening, she was brought to Dr. T's office, and quinia was prescribed for her. She was soon after suddenly seized with great swelling of the cervical glands together with albuminuria. The albumen was present in large amount and its presence was continued during ten days or two weeks. Dr. Riggin Buckler was called in consultation, and agreed in the supposition that there had been an unrecognized scarlatina before Dr. Thomas had seen the child. There had been scarlatina in the neighbourhood, but none in the immediate family of the child, nor any special exposure of the child to scarlatinous poison. The enlargement of the glands disappeared, without suppuration, under the use of hot poultices and stupes, but after ten days the child was attacked with recurring chills and fever of high grade (103°—104°) with sweats, and pus to a very large extent was found in the urine amounting in test tube to about one-twelfth. The patient was now treated with compound jalap powder and tincture digitalis. The latter becoming offensive to the stomach, it was applied in poultice of the leaves, with great efficacy, to the loins. There was no œdema or puffiness anywhere at any time during the disease.

In response to Dr. Thomas,—Dr. McKew stated that during epidemics of scarlatina patients were frequently seen suffering from desquamative nephritis in whom no previous history of scarlatina, as far as fever or eruption is concerned, could be had, and in whom the symptom first attracting attention was generally nausea or rheumatic pains. He thought that the diagnosis had been correct; though he admitted the difficulty of accounting for the great amount of pus in the urine—lesser microscopic amounts were not uncommon.

Dr. Chew remarked that the absence of tenderness on pressure over the kidney would rather negative the supposition of a non-specific acute congestive nephritis.

Dr. W. T. Howard thought the case one of scarlatina, and called attention to a diagnostic mark of past scarlatina emphasized by Dr. W. Jenner viz: Desquamation around the insertion

of the nails. Albuminuria was less frequent during desquamation than at other times. Abeille had found only eight cases of albuminuria during the scaling period in fifty-three cases of scarlatina. Dr. H., asked as to information regarding the use of jaborandi in dropsy resulting from cardiac and renal trouble with valvular disease and dilatation of the heart cavities. He had read somewhere that, owing to its sedative properties over the heart, it would be dangerous in such cases. Dr. Chew stated that Da Costa had reported cases of albuminuria successfully treated by jaborandi, Dr. Chew himself had used jaborandi in two or three cases with great benefit.

Dr. McKew thought there could be no danger in the use of jaborandi in the case supposed by Dr. Howard as pilocarpin possessed the property of stimulating the cardiac ganglia, even when paralyzed by atropia.

Dr. Williams thought that the sweating produced by jaborandi would, by making the blood relatively richer in urea and nitrogenous excreta, do harm unless it were shown that urea was thrown off by the skin.

Dr. McKew reminded Dr. W. of the activity of the skin, when acting vicariously, in throwing off nitrogenous excreta and mentioned the cases reported by Dr. Bartels of crystalline deposits of urea on the skin. Dr. Chisolm had been using pilocarpin with benefit in ophthalmic surgery in glaucoma.

Dr. Chisolm mentioned two cases of protracted chloroform anæsthesia at extreme periods of life without any unpleasant symptoms. The one was a man of 90, the subject of operation for cataract. After evacuation the cornea collapsed to such a great extent that he was kept under the anæsthetic for forty-five minutes in order that the class might see the condition of the cornea. The other was a child aged 6 months, the subject of operation for staphyloma. This child was also kept for 45 minutes under chloroform. Neither patient showed any unpleasant symptom.

Dr. Chisolm, also reported a case in which in consequence of a blow on the eye from a stick, there had been a bursting of the inner layers of the cornea. In the cleft thus formed, which did

not extend to the conjunctiva, the iris had been caught.

Dr. C. also related a case in which blood had been effused in the sub-epithelial substance of the cornea and had disappeared by absorption in the course of two weeks.

Dr. McSherry asked whether the bones of the old actually contain more earthy matter than the bones of the young?

Dr. Miles replied that the amount is the same in either case, and the contrary opinion arose from the difficulty of cleaning young bones.

Dr. McSherry then asked to what the greater friability of old bones was due.

Dr. Miles replied that this was due to a physical cause, absorption having made the laminæ thinner and the lacunæ larger.

Dr. Miles related the following case as illustrative of an axiom of Trousseau regarding apoplexy.

A man æt 52, had been lying for two hours when seen by Dr. Miles in absolute coma with stertor and, as it was said, with contraction of the arm on one side. The irides were so dark that their condition could not clearly be ascertained. The eyeballs were rolling about in all directions beyond this there was no muscular action apparent. The sphincters were not relaxed. The breathing was slow and the face dark from congestion. Regarding the case as hopeless and as soon to terminate fatally, Dr. Miles made this prognosis to the attendant physician and was about to leave, when, impelled by interest in the case to take another look at the patient, he found that in addition to the former motion of the eyes there was now commencing contraction and relaxation in the muscles of the face followed after a time by gradually returning power of motion in the limbs. The patient was left in a condition promising speedy recovery. Dr. Miles said that this ought to teach us to be careful in diagnosis. The case was one of epileptic, and not apoplectic coma. The man had formerly exhibited symptoms of *petit mal*, and had been ordered bromide of potash, by Dr. Miles.

Dr. Chisolm related a rather unique mode of treatment which had been instituted for choreic spasms of the muscles of the face and eye by a surgeon in a neighboring city. The patient had

for relief of his condition been subjected to section and excision of a portion of the supra-orbital nerve.

Dr. J. C. Thomas said he felt called upon, in view of the misunderstanding and misrepresentations among the profession and in some medical journals, to defend and explain the scope and object of the preliminary course of the Johns Hopkins University. Dr. T. made quite a lengthy explanation and stated that it was not arranged as part of a medical course, nor so to be regarded; but was merely the expression of what the University thought should be the amount of knowledge possessed by a candidate for medical studies proper, and an effort on the part of the University to meet a want loudly and forcibly expressed by the success of various technical schools. Dr. Chew thought such a course very much needed, and that it would be of great utility, and the officers of the Johns Hopkins University deserve thanks for their effort.

Dr. H. P. C. Wilson regretted that he and his cotemporaries had not had such facilities offered them, and felt sure that the plan of the University would be full of benefit.

Dr. McSherry thought that a general desire prevailed among the professors of the various schools to elevate the standard of preliminary education among those about to study medicine.

Dr. Miles thought that the greater the intelligence and knowledge of the students the more the teachers would be stimulated to give higher and better teaching.

Dr. Donaldson thought that the age (16) for commencing the preliminary course was too early.

Dr. McKew said that the average college boy of 16 was perfectly competent to undergo satisfactorily the examination and fit to enter at once on the preliminary course. He thought it not at all too exacting.

THE BALTIMORE MEDICAL ASSOCIATION.

STATED MEETING NOVEMBER 25TH, 1878.

The committee appointed at the last meeting to examine the tumor exhibited by Dr. Taneyhill, reported that they had care-

fully performed the duty allotted to them, and confirmed the diagnosis of Dr. Taneyhill, viz; that it was of a malignant character, a spindle and round celled sarcoma, known as "fungus hæmatodes."

Dr. Ashby read a paper on "Pelvic Inflammation," referring especially to perimetritis. The doctor spoke of the frequent occurrence of inflammation as a result of examinations and surgical operations upon the pelvic organs, or as a result of abortion or child birth. The readiness with which it may develope renders surgical operations at all times hazardous, and calls for extreme caution and attention upon the part of the operator or accoucheur. The passage of the probe into the uterus, wearing of a pessary and slight imprudence during menstruation, have been known to develope violent and fatal inflammation.

Parturition or abortion produce, according to statistics, from one-half to two-thirds of all the cases which occur.

Dr. Ashby had seen four cases where the inflammation had been caused by incision of the *cervix uteri*; in two other cases granular degenerations had been removed from the body of the uterus, and in another after amputation of the neck of cervix for epithelioma. Imprudence upon the part of the patient and disobedience of orders in leaving bed, were the exciting causes in five instances.

Pelvic inflammations resulting from parturition or abortion are, in a large majority of cases traceable to a traumatic origin; a ruptured cervix from passage of the child's head and other injuries to the soft parts, are sufficient to cause inflammatory trouble, which in connection with the blood changes, resulting under the influence of pregnancy and labor, readily involves surrounding structures and terminates in cellulitis and peritonitis. Hemorrhage at the time of labor or during surgical operations predisposes to pelvic inflammations. A distinction must be made between the two distinct varieties of inflammatory trouble met with after labor, which differ from each other in many respects, viz; pelvic cellulitis and peritonitis, as distinguished from inflammation which attacks the peritoneum that covers the abdominal walls and viscera, and usually described as general

peritonitis. These affections though similar in their course, symptoms and results, and often occurring simultaneously, are distinct in their pathology.

The treatment calls for a prompt recognition of the disease and an early application of the remedial agents required. The first duty is to ascertain the cause which induced the attack. If the inflammation is active, and effusion has not occurred, leeches should be applied over the hypogastrium, and six to eight ounces of blood locally abstracted. Warm poultices of ground flaxseed meal of sufficient thickness to retain heat (without producing undue pressure) should be applied over the hypogastric region. Absolute rest in the recumbent position is imperatively necessary. Quinine and opium in small doses frequently repeated are recommended. When temperature rises to 103° or 104°, the hypodermic injection of solution of the hydrobromate of quinia in twenty minim doses will be followed by the most satisfactory results.

All solid food should be abandoned and the patient placed upon milk, beef tea and light soups.

MEETING DECEMBER 9TH, 1878.

Dr. Friedenwald reported the case of a stout robust man, 40 years of age. He had been sick several weeks, before the Doctor was called to attend him. He had great difficulty in articulation and want of language, using the wrong word to express his meaning; deficient vision, severe pain, paralysis of right hand. He denied ever having venereal disease, but had scars on the body, He was placed on anti-syphilitic treatment, twenty grains iodide of potash given three times a day. Used inunctions of mercury, and in three days was rid of pain, perfectly well in four weeks.

Dr. John Morris gave a very interesting description of the personnel of the Public Health Association convention at Richmond. He also criticised the report made by the "yellow fever" commission, holding the view that their duties had been imperfectly performed on account of want of time to complete their investigations.

Dr. Jos. T. Smith was appointed to read a paper before the association at the next meeting.

MEETING DECEMBER 23RD, 1878.

Dr. Jos. T. Smith read a paper on the use of mineral waters in the treatment of disease. Mineral waters may be styled "natures first medical gift to man;" here he found dissolved in his ordinary drinking fluid, medicinal salts and minerals which either purged away the bad humor from his body or gave relief to the diseased stomach. The greatest benefit has been obtained in old or chronic rheumatism, liver and gouty affections, those diseases of the kidneys in which a diuretic is required, and in constipation with or without attendant dyspepsia. Mineral waters when given internally may act locally upon the stomach and intestines or generally as in the relief of rheumatism and gout. If we order the patient to visit the spring in order to take the water, we have at once an element which may assist the cure, viz; the change of air, diet and scene. There are three kinds of waters, which are the most employed, the purgative or laxative, the chalybeate and the alkaline. It is in cases of chronic constipation that we derive much benefit from the first class, relieving hemorrhoids and other troubles contingent upon the bound up condition of the bowels. The mineral waters have the advantage of being always prepared to take, and we have only to drink. They are decidedly more pleasant than epsom or rochelle salts, and many other cathartics. Chalybeate waters exert as powerful influence over the system as iron given in any other form, and the patient who visits the spring has the advantage of change of air, diet and scene, especially in females do we derive satisfactory results.

Lastly we have the alkaline waters especially indicated in rheumatism. "Vichy" is extensively used in cases of dyspepsia and acidity.

Waters containing lithia are extensively used as diuretics in diseases of the kidneys.

Following the reading of this paper there was a discussion as to the relative value of natural and artificial waters.

WM. A. B. SELLMAN, M. D., Reporting Secretary.

MARYLAND MEDICAL JOURNAL.

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BALTIMORE, JANUARY 1st, 1879.

EDITORIAL.

TRUE AND FALSE EXPERTS.—The above is the title of a paper read before the Association of American Superintendents, in May, 1878, by Dr. Eugene Grissom, of North Carolina, superintendent of the State Insane Asylum, located at Raleigh. This paper was published subsequently in the *American Journal of Insanity*, by Dr. John P. Gray, editor-in-chief. As a number of extra copies were published many of the readers of this journal may be familiar with the contents of this pamphlet and of the controversy which has grown out of its publication.

In this paper Dr. Grissom defines the duties of a *true expert*, and takes occasion to refer to the practice of testifying to false and contradictory statements before courts of law. He refers to certain important criminal cases in which a distinguished member of the medical profession has given false testimony and contradictory evidence with a view of filling his pockets.

Specific charges have been preferred and this prominent individual has been arraigned before the profession as the "cardiff giant," "the Cagliostro of to-day even with his wondrous armory of drugs and stage properties, a moral monster whose baleful eyes glare with delusive light; whose bowels are but bags of gold to feed which, spider-like, he casts his loathsome arms about a helpless prey." The profession are left in ignorance of the name of this individual, thus portrayed in language unmistakable. The name only is withheld, the facts and circumstances related, and sequel show that the "cardiff giant" here referred to is no other than the distinguished neurologist of New York, Prof. Wm. A. Hammond. The charges preferred against Dr. Hammond are as grave as can be presented against the character of man. We think Dr. Grissom has erred in the manner of arraigning Dr. Hammond before the profession, and that the language above quoted is unscientific and harsh. Such epithets weaken the force of the evidence against Dr. Hammond, and are not suited to the grave and serious aspect of this case. It is to be regretted that Dr. Grissom has not preferred charges against Dr. Hammond in a more direct manner and less impassioned way. We believe a member of the profession

supposed to be guilty of unprofessional conduct should be placed upon trial before the profession, and that personalities are unallowable.

Dr. Hammond makes no attempt to rebut the charges preferred against him by evidence or denial. His rejoinder in the form of "an open letter" is even more undignified and inexcusable. When analyzed, it consists entirely of a tirade of foul and abusive language so vulgar and offensive as to rebound upon its author with discredit and disgrace.

Dr. Hammond seems to have ignored the fact that the charges preferred against him demand refutation and denial. He makes no attempt to disprove them, does not even argue the possibility of his innocence.

In the reply to this open letter, Dr. Grissom assumes a more dignified tone. Very properly he assumes the responsibility of the charges against Dr. Hammond, and for the publication of his paper on *True and False Experts*. He offers to give bond in his own state for the payment of all damages a jury may award Dr. Hammond in a suit for libel. Very generously he invites suit against him, and intimates that a suit for libel should have been entered in North Carolina where the damage, if any, was inflicted.

We understand from the press that Dr. Hammond has recently brought suit against Dr. John P. Gray, editor of the *American Journal of Insanity*, for libel, based upon the publication of Dr. Grissom's paper, in the July number of that journal. We confess we can see no ground for the above suit against Dr. Gray who cannot be held responsible for Dr. Grissom's utterances. It occurs to us that Dr. Grissom is the proper party to be sued and that Dr. Hammond has made a mistake in his defence by this course of action. We do not believe a court of law to be the proper place to decide such attacks upon one's personal or professional character. Dr. Hammond has reached high professional attainment, and if he values the opinion of his professional brethren, it is his duty to reply to these charges against his character in a manner which becomes his high position. To evade an issue by threats of personal violence, by foul, abusive language, or by suits before courts of law, is not the true course to draw friends and sympathizers; it partakes of the sordid and vulgar, and cannot but seriously reflect discredit upon the author.

Dr. Hammond is either guilty or not guilty of the charges preferred against him. He is now the party on trial before the bar of professional opinion, and if he would retain his professional standing it becomes him to deny these accusations in a manner which the profession will respect. The medical profession is an honorable one and it loves fair play. Dr. Hammond cannot do better than refer his case to the judicial council of the American Medical Association where fair play will be shown him.

EDITORIAL NOTES.

We publish elsewhere the advertisement of Messrs. Parke, Davis & Co., manufacturing chemists, Detroit, Mich. This firm is now manufacturing largely new remedies which were introduced from California. These new remedies have been used for some years past by the

Spanish population, west of the Rocky Mountains, as domestic medicines, and remarkable therapeutic properties are claimed for them.

Messrs. Parke, Davis & Co. were the first manufacturing chemists to introduce these preparations to the profession east of the Rocky Mountains. They now offer them to the profession for examination. We have not yet had an opportunity to prescribe any of these remedies in any of the affections in which they are recommended, and therefore cannot speak authoritively as to their therapeutic value. We will presuppose that the many new preparations which are being offered the profession are carefully tested by more than one competent observer. Such as are of doubtful value are soon cast aside as worthless articles of the materia medica. It is the duty of the profession to study the effects of every preparation prescribed by them and to approve of or condemn such as come up to or fall below the standard claimed for them. Messrs. Parke, Davis & Co. ask the profession to judge intelligently and to carefully test the new remedies now offered by them.

At a recent meeting of the Baltimore Clinical Society, resolutions were adopted and a committee of five appointed to solicit contributions from members of the profession and public in behalf of the widows and orphans of physicians who died during the epidemic of yellow fever. This committee consists of Drs. T. A. Ashby, P. C. Williams, T. R. Brown, J. E. Lindsay and Jos. A. White. Each member of this committee will be pleased to receive any contributions which may be forwarded to them.

It is scarcely necessary to urge upon the readers of this Journal the importance of contributing something, though it be a small sum, to this benevolent purpose. Surely those who have laid down their lives in behalf of a suffering people are worthy of some recognition, and of an enduring tribute to their memories from the hands of their professional brethren. In no manner can a higher appreciation for heroic sacrifice of life be exhibited than by making some provision for the widows and orphans of these noble men. We understand there is much suffering and distress among the families of deceased physicians. The call which comes up for help should not pass by unheeded. Let each one out of his treasury give something. However small the amount each contributor may bestow in the aggregate it will count up and help to swell the amounts which are being contributed throughout the entire country.

The roll of honor as now completed contains the names of over one hundred and thirty physicians. These men were not all residents of the South. Some of them were volunteers from the North and West, men who left their homes and families and went South to give their professional services to a suffering people.

They were actuated by noble principles, and their heroism and devotion to duty should meet with prompt and generous recognition.

THE MEDICAL AND SURGICAL SOCIETY, of Baltimore, celebrated its eighth anniversary, on Thursday 2nd inst. It is in a highly flourishing condition and embraces in its membership a large number of our best physicians.

The officers of the society for 1879, are: President, Dr. Thos. R. Brown; vice-presidents, Drs. Wilmer Brinton and J. A. White; recording secretary, T. J. Ward; reporting secretary, Dr. G. L. Wilkins; corresponding secretary, Dr. L. C. Gordon; treasurer, Dr. J. W. P. Bates; executive committee, Drs. J. S. Lynch, R. W. Mansfield and H. T. Rennolds; committee on lectures and discussions, Drs. J. J. Caldwell, John Morris and B. F. Grove; committee on honor, Drs. Jno. N. Monmonier, I. E. Atkinson and J. H. Scarff.

NEW JOURNAL.—The *Southern Practitioner* is the title of a new monthly journal published in Nashville, Tenn. The first number of this journal is now before us. It is a fifty page journal, containing original communications, clinical reports and selected matter. The editorial salutatory reads well and promises a high standard for this publication. The corps of editors, though unknown to us personally, are familiar to us as writers and teachers. The high professional character of these gentlemen guarantees a first-class publication in every sense of this word. We predict for the Southern *Practitioner* great success and congratulate the editors upon the very creditable appearance of volume 1 No. 1.

WE have received the First Annual Report of the Presbyterian Eye and Ear Hospital, established in this city one year ago under the auspices of the presbyterians of Baltimore. This report exhibits a most successful condition of management. During the year 13,937 patients were treated by Prof. J. J. Chisolm, surgeon in charge and his assistants.

This report shows that chloroform was exclusively used as an anæsthetic in this hospital and was administered to every case requiring a serious operation regardless of the condition of the heart or lungs. In all adults, a drink of whiskey as a cardiac stimulus preceded the inhalation of chloroform which may explain the safety with which this anæsthetic was used.

The Presbyterian Eye and Ear Hospital is a charity institution entirely by contributions from members of the presbyterian church. The wholesale drug houses in this city have very generously donated medicinal supplies for the coming year.

Baltimore Throat Dispensary.—A new dispensary for the treatment of diseases of the throat has been established during the past month at No. 74 Park avenue.

It is supported entirely by voluntary contribution, and being the only one of its kind in the city, offers a wide field of usefulness.

The dispensary is under the immediate direction of Doctors J. H. Hartman and Sam'l Johnston, who attend alternate days from 1 to 2 P. M. The consultants are, Dr. Sam'l C. Chew, medical; Dr. Alan P. Smith, surgical and Dr. Sam'l Theobald aurist. We wish the new undertaking every success.

The Southern Clinic.—Through over-sight we failed to notice at the proper time volume 1 No. 1 of the *Southern Clinic*, a monthly journal, published in Richmond, Va., by Drs. C. A. Bryce and J. R. Wheat, editors. Three numbers of the *Clinic* have appeared containing a number of good original papers and well selected matter. The editors have displayed good judgment and taste in the arrangement and get-up of their journal. We wish for them abundant success in their enterprise. The *Clinic* is a thirty page journal. Price $1.50

Prof. Christopher Johnston, of this city, has been confined to his house the past three months with a serious spell of sickness. His many friends in the profession will be gratified to learn that he is now rapidly convalescing and will soon be able to resume his professional engagements.

During this long affliction he has had the sympathies and good wishes of his many friends who will now congratulate him upon his restoration to health.

MISCELLANEY.

Maltine.—At the late meeting of the British Medical Association at Bath in August last, among the exhibits of pharmaceutical and medical preparations, much interest was shown in one called *maltine*, which may be described as a highly concentrated extract of *malted barley, wheat and oats.*

Extracts of malt (*i. e.* malted barley) are pretty widely known, but this is the first example of a combination of the nutritious principles of these three cereals that we have seen; and the greater value of this combination is apparent, as wheat and oats are especially rich in muscular and fat-producing elements. This preparation is entirely free from the products of fermentation, such as alcohol and carbonic acid, and is very agreeable to the taste. Clinical experience enables us to recommend it as a nutritive and digestive agent, in virtue of its albuminoid contents, and its richness in phosphates and diastase, likely to prove an important remedy in pulmonary affections, debility, many forms of indigestion, imperfect nutrition and deficient lactation. It will in many cases take the place of cod liver oil and pancreatic emulsions, where these are not readily accepted by the stomach, and we are disposed to believe that maltine, which is less known here than abroad is well worthy of practical attention.—*British Medical Journal*, Oct. 19th, 1878.

How to Avoid Leaving Scars.—At a conversational meeting of the Philadelphia County Medical Society Nov. 13th, 1878, it was addressed by Dr. John H. Packard on "Some Surgical Wrinkles." The first point he discussed was a method of making superficial incisions by which scarring can be avoided. In operations upon exposed parts, such as the face and hand, it is very desirable that they shall be so done as to leave as little scar as possible. The procedure recommended was first suggested by witnessing the effects of an accident, a lady having fallen while carrying a china dish, a piece of which made a long gaping

incised wound in her hand, the sharp, knife-like edge having cut through the skin very obliquely. The wound healed readily, almost without scar. A few weeks afterward the traces of the injury could scarcely be discovered.

Thinking that this effect was in great measure due to the direction of the incision through the skin, the speaker tried the experiment in cutting down upon a tumor of the thigh, holding the knife so as to divide the skin obliquely. The wound united perfectly, and after it had healed he actually could not find the line of incision. Since that time he had tested the idea in numerous other cases with highly satisfactory results. In small superficial operations such as the removal of small tumors from the face, it has a cosmetic advantage that at once recommends it. —*Lancet and Clinic.*

It is generally known to the medical profession and those interested in bibliography that Dr. John S. Billings, Surg., U. S. A., in charge of the National Medical Library, at Washington, is now ready to print his great "National Catalogue of Medical Literature," as soon as Congress grants an appropriation for the purpose. This indexes under subjects, and by authors, books, pamphlets and original papers in nearly all the medical periodicals of the world; including over 400,000 subjects entries, and making ten volumes royal 8vo of 1000 pages each. This will be of the greatest value to physicians the world over, as it enables them to find analogues for peculiar and difficult cases, and thus often to save lives. In continuation of this work, it is now proposed to publish monthly, under the editorship of Dr. Billings and of his assistant, Dr. Robert Fletcher, M. R. C. S., a current medical bibliography under the title of the *Index Medicus*. It will be issued by F. Leypoldt, the bibliographic publisher, 37 Park Row, New York, at $3 per year, and will enter all medical books and index the leading medical journals and transactions in English and other languages. A full list of the latter, numbering over 600, will form a part of the specimen number of the *Index*, soon to be issued.

Oxalate of Cerium and Caffein as Preventives of the Nauseating Effects of Opium.—"For a long time I have been accustomed to prescribe a strong decoction of coffee, without milk or sugar, in drachm doses, administered every fifteen minutes, to relieve the nausea and headache following the employment of opium. Since the introduction of the effervescing citrate of caffein, I have found it a very agreeable and efficient substitute for the less palatable beverage. These agents are, however, only applicable after the occurrence of the stomachic disturbances. The citrate of caffein, though less efficient than the oxalate of cerium, may be combined with opium. It is inadmissible in those cases where opium produces wakefulness instead of drowsiness. I have sometimes fancied that it lessened the soporific without affecting the analgetic properties of opium. It may be that these applications of the drug are quite common, but if they have previously been published it has escaped my observation."—Dr. I. C. Busey, in *The American Practitioner*.

Opium.—This year's crop amounts to about 5,500–6,000 chests, which, together with the existing old stock of about 4,000 chests, would have produced a decided decline, if it had not been known that one of the principal Indian varieties of opium, the Malwa-brand, had turned out to be almost a total failure this year. China has already largely imported the Persian opium, and several lots of Turkish opium have been purchased at London for the Chinese market. The price, however, has so far advanced by only 1*s.* or 2*s.*—*New Remedies*,

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Treatment of Asthma by Iodide-of-Potassium Spray.—Dr. Evrard, of Orsennes, has obtained very satisfactory results, in a severe case of asthma, from the use of a spray of iodide of potassium. The patient, a man thirty years of age, had suffered for eight months from daily attacks of asthma, and had also been subject to chronic bronchitis for five years. At the time the treatment was begun he had three or four attacks a day, and was reduced to a pitiable condition. After assiduous use of the spray for eight days the asthmatic attacks had almost entirely ceased.

Eighteen months have elapsed since then, but the patient continues to use the spray, and the attacks have not recurred. The strength of the solution used was one to twenty. The periods of inhalation were short, but frequently repeated.—*Boston Jour. of Chem.*

Prices of Quinine and Bark.—The price of quinine in 1856, when the differential duty was 5 per cent. was $2.70, and in 1857, it ranged from $2.00 to $1.40; 1858, $1.40 to $1.25; 1859, $2.40 to $1.25; and in 1860, $1.25 to $1.75. In 1861, when the French company left, it was $2.00, and in 1862, it advanced to $3.00.

Since 1870, the duty on sulphate of quinine has been 20 per cent, and South American cinchona bark has been admitted free, but all the other salts of quinia and alkaloids of cinchona bark are still subject to the old duties of 45 per cent and 40 per cent respectively, as before 1870, when cinchona bark paid a revenue duty of 20 per cent; and noting the fact that this is now free, and considering the growing importance of quinidia and cinchonidia, as also other preparations of cinchona which are coming into large use, our present tariff duty on all cinchona preparations, including sulphate of quinine, when we take into account the altered conditions of the market for cinchona bark, *is the most objectionable that has ever existed at any period in our history.*

At the present time, it is usually difficult to obtain in the American market cinchona barks that will yield much more than 2 per cent of quinia, while in Europe all grades yielding less than 2 per cent are classed as low.

Within a few years, all previous relations between cinchona bark and quinine have changed because of an increasing demand for quinine, and the varying and uncertain supplies of bark.—*New Remedies.*

Grateful for the Smallest Favors.—An English writer reports a remark made to him by an old woman in Worcestershire, which may convey a lesson to people who are over-ready to repine at the dispensations of Providence. "Yes, sir," she said, "I've had a deal o'trouble. First I lost my sister, and then

I lost my pig; but there's one thing I ought to say, and say it I will: the Lord's been pretty well on my side this winter—for greens."—*Med. News.*

Is Any Thing Certain?—What do we know for certain? Even in mathematics, the most certain of all human knowledge, men are now disputing whether there may not be a fourth dimension in space. What do we know of the nature of matter or of force? What is there certain in physics and chemistry?—*Haeckel.*

Iron Which Will not Rust.—Prof. Barff has discovered that if iron be subjected to the action of steam having a temperature of 1500° F., it is covered by an incorrodible coating of the magnetic oxide, giving the finished article a dull-black appearance, susceptible of a slight polish. Salt or fresh water, vegetable acids, and all other ordinary oxidizing agents have no effects on the iron prepared by Barff's process. It should be called "Barff's iron," after the inventor.—*Medical Record.*

Carbolic Acid in the Treatment of Whooping-Cough.—Dr. Ed. Thorner (*Deutches Archiv f. Klin. Med.*, Bd. 22, 1878, p. 314) counsels the employment of a one to two per cent. solution of carbolic acid in the form of vapor. It may be used in an ordinary inhalation apparatus, or in cases of young children a larger quantity may be atomized in a closed room several times a day and the little patient permitted to breathe the atmosphere.—*Med. Times.*

A Pin Found in the Appendix Post-Mortem.—Dr. L. T. Morrill, of Albany, N. Y., found the following whilst making a post-mortem upon the body of a man, æt. 48, killed by a railroad accident: "An old cicatricial scar at the junction of the appendix and cœcum. The appendix measured four inches in length." On making section, a common-sized *pin* was found within. Its centre was covered by a fæcal concretion, the head and point being free, however. There were no signs of recent inflamma-

tion about the appendix. The patient had never complained of any local symptoms.—*Med. Record.*

The Steamship Emily B. Souder, which recently foundered in the Atlantic, and from whose wreck only two survivors escaped to tell the sad story, is the same vessel which, it is claimed by good authorities, introduced yellow fever into New Orleans, from Havana last May. It is probable the disinfecting process to which she is now being subjected will be complete. The finny tribes might do a wise thing to prepare for an epidemic next summer.

Very True.—Mr. Gough, in a lecture in England, referring to the question whether alcohol is a food or a medicine, remarked that in his opinion "it is very much like sitting down on a hornet's nest—stimulating, but not nourishing."—*Med. News.*

Professor Gorup-Besanez died in Erlangen on November 24, in his sixty-third year. He was well known as the author of a large manual of Physiological Chemistry and of other writings on the same subject.

Dr. Alonzo Garcelon, the new Governor of Maine, was born in Maine in 1813. He is a graduate of Bowdoin and the Medical College of Ohio. He has held many positions of trust in his State, among them being Surgeon General of Maine, Mayor of Lewiston and a member of the Legislature.

Dr. T. Chalmers Dow, of Nashville, Tenn., died in that city on Tuesday, Jan. 7th.

He was an editor of the *Southern Practitioner*, a new medical journal published in Nashville, Tenn., vol. 1, No. 1 of which made its appearance Jan. 1st, 1879.

Vaseline.—Is largely taking the place of lard for pharmaceutical purposes. The high price of the patented "vaseline" has raised a demand for two other similar products, which will partially take its place, if they are found equally valuable.—*New Remedies.*

APIOL, the active principle of parsley, discovered by Taret and Homelle in 1855, is an oleaginous amber-colored liquid, soluble in water in any proportion, of an acrid taste. It may be given in capsules. According to Marotte, of La Pitie, it brings on the menses, regulates menstruarion, and calms the pains by which it is often accompanied. It has no action on the pregnant womb.

VACCINATION.—Dr. Huillet, of Pondicherry, extensively and determinedly, undertakes to show that vaccination was known to a certain Dahnwantori, by name, who flourished several thousand years before Hippocrates.

DR. LOMBE ATTHILL, Master of the Rotunda Lying-in Hospital has been elected an honorary member of the Gynæcological Society of Boston.

BOOKS AND PAMPHLETS.

The Principles and Practice of Surgery.—By D. HAYES AGNEW, M. D., LL. D., Professor of Surgery in the University of Pennsylvania. In two volumes, vol. 1. Published by J. B. Lippincott & Co., Philadelphia.

The first volume of this extensive work on surgery has recently been given to the profession fresh from the author's pen and publishers' press. It is a work which will at once command respect and attention. Dr. Agnew has long been known as a teacher and surgeon of great prominence in one of the leading universities in this country. As an author this work on surgery at once entitles him to a leading position among contributors to this branch of medical science. Volume 1, contains over 1,000 printed pages of well arranged matter, abundantly supplied with illustrations. The arrangement of the contents into chapters is both practical and judicious. The introductory remarks on surgical diagnosis are appropriate and instructive. Chapter 1, begins and ends with an exhaustive study of inflammation. The nine remaining chapters of volume 1, are devoted to wounds and injuries of various organs of the body, to ligation of vessels, surgical dressings and to injuries of the osseous system.

We are not informed when volume 11 will be given to the profession. If it sustains the character of volume 1, Dr. Agnew's work will be recognized as one of the most elaborate and useful treatises ever written by an American surgeon upon the principles and practice of surgery.

Stricture of the Male Urethra. Its Radical Cure.—By FESSENDEN N. OTIS, M. D., Professor of Genito-Urinary Diseases, in the College of Physicians and Surgeons, New York. Published by G. P. Putnam's Sons, New York. For sale by Cushing & Bailey, Baltimore, Md.

The views of Prof. Otis upon stricture of the male urethra were given to the profession in pamphlet form sometime previous to the publication of this work now before us. This volume may be considered as the embodiment of former treatises with additional evidence founded upon larger experience and study of this subject.

It is now conceded by many surgeons that Dr. Otis' investigations and study of the male urethra, and the methods of diagnosis and treatment employed by him in the treatment of urethral stricture have revolutionized this branch of surgical science. It must be said in favor of Dr. Otis' departure, and the views entertained by him in regard to the calibre of the male urethra, that his conclusions have been drawn after long and continued experiment and study, and are based upon careful anatomical and pathological investigations.

In the volume before us, chapters are devoted to chronic urethral discharges, strictures of large and small calibre, relations of gleet to stricture, internal and external urethrotomy, discussions of views of prominent European and American surgeons upon urethral stricture, and reports of surgeons who have adopted Dr. Otis' methods of study and operation.

The volume is one every surgeon should possess, as it presents an entirely new phase to the study and treatment of urethral stricture.

Clinical Diagnosis. A Handbook for Students and Practitioners of Medicine.—Edited by JAMES FINLAYSON, M. D., Physician and Lecturer on Clinical Medicine, in the Glasgow Western Infirmary, etc., etc. Published by Henry C. Lea, Philadelphia. For sale by Cushing & Bailey, Baltimore, Md.

This is a volume of uncommon interest and value; it is designed not so much to teach easy and certain methods of making a diagnosis as the proper and thorough methods of examining patients, and to

assist the observer in applying such knowledge as he actually possesses in forming his opinion as to the nature of the disease he is investigating. Attention has been given to the clinical study of the signs and symptoms of disease and accurate methods of investigation are submitted by pointing out probable fallacies, and by directing attention to such collateral inquiries as might be over-looked in the proper study of diseases.

The plan adopted by the editor of this volume is one which we are surprised is not more commonly observed by book-makers. The volume consists of a number of chapters upon different subjects contributed by different able writers, though the burden of work has been most creditably performed by the editor.

Too much can scarcely be said in favor of a work so full of useful and well arranged matter as will be found in this volume upon clinical diagnosis.

The principles and Practice of Surgery.—By JOHN ASHHURST, JR., M. D., Professor of Clinical Surgery, in the University of Pennsylvania. Second and Enlarged Edition. Published by H. C. Lea. For sale by Cushing & Bailey, Baltimore. Price, $7.00.

The first edition of this work is familiar to physicians of recent graduation, as it has been largely used as a text book in medical schools. The favorable reception of the first edition is a guarantee of the popularity of this edition which is fresh from the editor's hands with many enlargements and improvements. The author of this work is deservedly popular as an editor and writer, and his contributions to the literature of surgery have gained for him wide reputation.

The volume now offered the profession will add new laurels to those already won by previous contributions. We have not the space to review this work and to present the salient points in detail. We can only add that the work is well arranged, filled with practical matter and contains in brief and clear language all that is necessary to be learned by the student of surgery whilst in attendance upon lectures, or the general practitioner in his daily routine practice.

A Manual of Prescription Writing.—By MATHEW D. MANN, A. M., M. D. Published by G. P. Putnam's Sons, New York. For sale by Cushing & Bailey, Baltimore, Md.

This is a small volume of 155 printed pages, devoted entirely to prescription writing with a full explanation of the methods of correctly writing prescriptions by both the apothecaries and metric systems.

It is a volume which will be found useful to the student of medicine and general practitioner.

Practical Surgery.—By J. Ewing Mears, M. D., Demonstrator of Surgery, in Jefferson Medical College, etc., etc. Published by Lindsay & Blakiston, Philadelphia. For sale by Cushing & Bailey, Baltimore, Md.

This volume is designed as a text book for students. It it devoted to the study of surgical dressings, bandaging, ligations, and amputations. It is handsomely illustrated with over 220 wood cuts. No work could be better adapted to the purposes for which it is intended.

Dr. Mears is a practical teacher and his book is written with a view to instruct and prepare students for the practice of surgery as they must meet with it in professional life. It is unfortunately too true that men are graduated from leading institutions in this country who are ignorant of the method of dressing wounds of the most ordinary character and who can not apply an ordinary roller bandage with any degree of neatness. Just such books as this of Dr. Mears are designed to do good, and we are surprised that more such volumes are not written.

The Value of Absent "Tendon-Reflex" as a Diagnostic Sign in Locomotor Ataxia, with an Analysis of Eight Cases.—By Allan McLane Hamilton, M, D. Reprint from the Boston *Medical and Surgical Journal.*

Proceedings of the Board of Experts, Authorized by Congress to Investigate The Yellow Fever Epidemic, of 1878. Meeting held in Memphis, Tenn., December 26th, 27th and 28th, 1878.

Case of Poisoning by Oil of Chenopodium.—By Thomas R. Brown, M. D., Professor of Clinical and Operative Surgery, and Diseases of the Genito-Urinary Organs, College of Physicians and Surgeons, Baltimore, Md. Reprint from Maryland *Medical Journal.*

Restoration of the Membrana Tympani.—By S. O. Richey, M. D., Assistant Aural Surgeon to the Illinois Charitable Eye and Ear Infirmary. H. Willson & Co., printers, Chicago.

Narrowing, Occlusion, and Dilation of Lymph Channels, Acquired Forms. By S. C. Busey, M. D., Washington, D. C. Reprint from New Orleans *Medical and Surgical Journal.*

A Review of the Neuroses of the Pneumogastric and Sympathetic

Nerves, with some Account of the Anatomy, Physiology, and Pathology of these Nerves; also of the Vaso-Centres and Sweat Centres. The Exhibition of Electricity, Atropin, Muscarin and Pilocarpin; with Cases to Illustrate, &c., &c. By JOHN J. CALDWELL, M. D., Baltimore, Md. (Read before the Section of Practice of Medicine, of the American Medical Association, held at Buffalo, New York, June, 1878.)

The Physicians Visiting List for 1879.—Published by Lindsay & lakiston, Philadelphia. For sale at all book stores.

This visiting list is too well known to require recommendation. It is as good as any in the market and every physician should buy one at the beginning of each year. It saves trouble, time and money, occupies small space in the pocket, contains a table of poisons and antidotes; altogether it is a cheap and useful book.

Notes on the Treatment of Skin Diseases. By ROBERT LIVEING, A. M. and M. D., Cantab. F. R. C. P. London. Fourth Edition, Revised and Enlarged. Published by Wm. Wood & Co., New York. For sale by Cushing & Bailey, Baltimore, Md.

This is a small volume of 123 printed pages devoted to the etiology and treatment of skin diseases. It is designed for the use of students but will be found of excellent use to the general practitioner of medicine whose library is not supplied with larger works upon skin diseases. It is well arranged, practical and, altogether, a first-class book for its dimensions. Much space is devoted to treatment, and the numerous formulæ will be found of vast service as they represent the prescriptions employed by the best authorities on skin diseases.

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ORIGINAL PAPERS.

REMARKS OF DR. D. C. HOLLIDAY, OF NEW ORLEANS, ON YELLOW FEVER, MADE BEFORE THE BALTIMORE ACADEMY OF MEDICINE, AT A SPECIAL MEETING HELD NOVEMBER 26th, 1878.

(Reported for the Maryland Medical Journal.)

Dr. Holliday premised by saying, that for ten weeks past, he had worked eighteen hours a day in battling with the recent scourge, which was but a poor preparation for the duty he was called upon to perform this evening; he would therefore beg the indulgence of his hearers, hoping that the interest of the subject might be his excuse for his shortcomings. He did not propose to give a didactic *history* of the recent epidemic, but merely to make some remarks upon the many salient points met with in his daily intercourse with it.

He had witnessed in New Orleans the epidemics of 1847, 53, 55, 58, 67 and 78.

A slight review of the topographical situation of New Orleans will at once show how unfavorable this is; and how extremely difficult it would be to carry out any improved, and careful system of hygiene, such as is universally believed necessary, to prevent, or at least retard, the origin and propagation of an epidemic. New Orleans is situated upon a narrow strip of alluvial ground, located on the banks of the Mississippi river, and extending to Lake Pontchartrain in the rear. This strip is from six to eight miles in depth between these two water courses. The high

ground upon which the city proper is built, only forms a belt of from one to three miles in depth, extending some twelve miles up and down the river. Immediately in the rear of this elevated portion which is some six feet *below* high-water mark in the river, is a low marsh frequently submerged from freshets in the lake and continued east winds.

The *drains* are all superficial, and above ground, no sewers possible. *Privies* are above ground, or in sinks some four to six feet deep, bricked on sides, contents allowed to percolate into the porous soil beneath.

The water supply partly from the river pumped up into resorvoirs, but generally from wooden cisterns filled from the roofs of the houses. These cisterns are usually covered, but frequently open.

Without a proper regard for strict hygienic rules, and a somewhat lax supervision of general cleanliness, the unfavorable condition of our city for healthfulness is readily apparent.

Like all other epidemics the *origin* is the great subject of discussion and difference of opinion.

The majority of physicians believe the disease to be *imported;* others on the other hand believe it to be of endemic origin. Dr. H., rather inclines to the former view, but believes that importation is not the only factor needed for its propagation and spread. He has frequently seen yellow fever cases introduced into New Orleans without its spread.

During Butler's administration fifteen or sixteen cases of undoubted fever were introduced, scattered over the city, died surrounded, and nursed, by persons wholly unacclimated, still there was no spread.

Before the epidemic of 1853, the places along the shores of Lake Pontchartrain, favorite summer watering places, always escaped epidemic visitations of yellow fever, even during its prevalence in the city.

There was a like exemption in the large sugar estates up and down the Mississippi.

Again in the years 1874 and 1876, there were *local* outbreaks of yellow fever in New Orleans, in one season over seventy cases,

and in the other more than a hundred; still no extension beyond a very limited district.

The above facts conclusively prove, that something more is needed than the simple introduction of yellow fever, to have it spread, and become epidemic over such an extended area of country as was the case in the present year. The conditions necessary then for its development, and rapid spread whether due, to atmospheric phenomena such as heat, rain-fall, barometric pressure, or to deficiency of ozone, or from whatever other causes, should be the subject of continued research and repeated scientific observation, for it may be possible that with a knowledge of all these agencies, and their hygiene effects and with more enlightened means of preventing or changing them, there may be a time when yellow fever might be introduced and confined simply to the locality where so introduced.

At the recent meeting of the American Public Health Association, in Richmond, the Yellow Fever commission in its elaborate reports, appears to have confined itself to the proofs of *personal* introduction into nearly all of the places visited.

Why should such strong advocates and champions of the *germ theory* of yellow fever as they proved themselves to be, ignore the fact of its much more ready and probable introduction by whole cargoes of fomites from infected regions, and not seek with such perseverance and industry to establish the fact of personal introductions.

These investigations, he thinks, require much more care, and scientific discrimination, than are shown in the report of this recent commission, and although favoring the *germ* theory as explaining more of the phenomena than any other yet advocated, still he thinks to be entirely satisfactory, it must be established by much more impartial and scrutinizing inquiry than he fears characterized the recent investigation.

This year the invasion of yellow fever extended over a far larger range of territory than was ever known before, why this extension? No satisfactory answer can be given.

In New Orleans we have a great number of physicians, (chiefly those of French extraction) who still maintain that children born

in New Orleans are exempt from yellow fever. I can only explain this singular view by reflecting that when epidemics were of nearly yearly recurrence, so many children were affected but so slightly as frequently to pass unnoticed, but so soon as the intervals between epidemics increased to 9 and 11 years, of course all children born between epidemics were, and are, as liable to take the fever as if they were foreigners. Still he recognizes the fact that the *native* adults usually have much milder attacks than those of foreign, or northern nativity.

Dr. H. mentioned the fact of having seen the disease pass through all its stages, and perfect convalescence ensue before the subject was a month old.

Dr. H. thinks that during the recent epidemic in New Orleans, the proportion of children attacked, would be probably from four to five-sevenths of the whole number of cases. Dr. H. thinks a *second* attack of yellow fever, about as rare as in small pox, and thinks therefore that the former immunity enjoyed by children, was due to their having had the fever in early childhood or infancy, when it was frequently not recognized.

The disease this year was usually more severe in children than in adults. The disease was much more fatal in other localities than in New Orleans, which he thinks was due to two causes.

1. The modifying influence of long residence upon the fever.

2. The early recognition of the specific nature of the fever, and its usually more careful treatment and nursing.

In New Orleans he does not think the mortality was over from 9½ to 10 per cent. of cases attacked, not due possibly to any superior skill of New Orleans physicians, but to the causes mentioned above.

Treatment.—Dr. H. here mentioned that he had nothing very new or startling to advance in this connection—save a few remarks as to some peculiarities met with this year. The treatment was generally expectant and guided by the nature of the attack.

The forms were 1st, the purely *sthenic grade*, with very high temperature, and great suffering from the beginning.

2. Where the reaction and intense heat were of short duration with rapid supervening of *adynamic* symptoms, or running into

a low form of remittent and often lasting from 8 to 15 days.

3. *Hæmorrhagic* type attended with the early occurrence of black vomit and a disposition to hæmorrhage from all mucous surfaces—this type he thinks was rarer than in the epidemics of 1853, '55, or '58.

4. The *algid* form or where the temperature fell rapidly, skin becoming cool, and after cold, generally cyanosed, and almost a state of collapse from general internal congestion. This is decidedly the most fatal type, which in children especially is soon terminated by convulsions and death.

Dr. H. thinks that this year the first form was most common at the beginning of the epidemic, but was soon followed by the other varieties.

The recent epidemic was characterized by violent febrile reaction, rendered more evident by the general use of the thermometer which was not the case in former visitations, and he thinks that the thermometer was of great therapeutic assistance enabling the early adoption of a safe course of treatment.

Dr. H. here mentioned two cases of *extraordinary* temperature —the 1st where the thermometer registered 109½° Fahrenheit, (verified by three different instruments) which frightful temperature lasted for more than two hours, terminating in profound and fatal coma; for more than 2 hours after death the thermometer still marked 106°.

A second case occurred in the Charity Hospital where the temperature rose to 111½°; this case ended in the same manner as the first. In a large number of cases, however, the temperature rose within the first twelve hours to 103½ to 104° and even higher.

The danger of allowing this high degree of heat, to persist for any length of time, specially in children soon became evident—the structural changes produced by this elevated temperature lasting even for a period of 24 to 36 hours, rendered all subsequent treatment of little or no benefit. Every means therefore to reduce temperature were brought into requisition.

Free catharsis at the outset, frequently had a marked effect in reducing temperature. Castor oil was most generally adopted; some physicians used mercurials (calomel), in large doses alone,

or given with quinine. Dr. H. rather preferred the "*Ol. Ricini*," as free from the objection of inducing nausea.

The powerful depressants such as aconite, verabrum viride, gelseminum, digitalis and quinine, all had their advocates, but were most generally found too slow in their action. Warm and cold affusion was also fully tried, by aspersion, sprinkling and sponging.

Dr. H. greatly prefers the *warm* affusion or really *laving* the whole body, *freed from covering*, with water at or about the temperature of the skin of the patient; this failing, covering the body with cloths, or towels, wrung out of warm water, and free fanning. This lavish use of warm water was specially serviceable in children, often relieving in a few minutes that painful jactitation, and uneasiness, so frequently followed by convulsions, and soothing into quiet and refreshing sleep; the patient on awakening never having a recurrence of the alarming temperature again. If in spite of the above means, aided by cold effervescing drinks and every other adjuvant to reduce heat, the temperature persistently remained above 104° Fahrenheit, for two consecutive days, the prognosis was unfavorable, and death occurred in the majority of cases. The remarkable want of harmony between the heat as registered by the thermometer, and the rate of the pulse and heat of skin to the touch, were among the most interesting observations during the recent epidemic.

The temperature usually, but often irregularly, rose, from the beginning, up to its maximum height rarely reached before the seventy-second hour; the pulse frequently began to fall after the twenty-fourth hour, and the fall was frequently rapid, hence, it was not exceptional to note a temperature of 104° to 105° with a pulse from 50 to 55 per minute.

Dr. H. here remarked that the investigations into the pathology of the disease were but limited, outside of hospital practice; a physician constantly at work for eighteen hours a day, could scarcely be expected to make many post mortems. Those made however, presented the usual peculiar yellow color of the liver—the congested mucous membrane of stomach and frequent presence in this organ of black vomit.

The kidneys usually showed evidence of marked passive con-

gestion ; and these organs were frequently the first, to surely foretell a rapidly fatal issue. Where marked scantiness of urine was an *early* symptom, with the appearance of a large quantity of albumen running on to absolute suppression, the result was always fatal.

Retention of urine even in children was of frequent occurrence, but was by no means an important symptom. Dr. H. mentioned two patients subjects of Bright's disease of long standing who went through the fever without a marked increase in the albumen voided, and where the result was favorable. Dr. H. therefore considers that suppression of urine and the early appearance of albumen in this secretion were more the evidences of intense passive congestion and tissue changes incident to the rapid and destructive nature of the disease than to structural changes in the kidneys themselves.

Dr. H. here spoke of the administration of quinine, which he often found of signal service. He administered it under the following circumstances : if, after the free purging, the temperature as indicated by the thermometer fell to 100 or 101—he usually gave a full dose 15 to 20 grains and repeated in two hours maintaining afterwards the effect by appropriate does, if the temperature continued to fall and pulse to become slower ; if on the other hand the temperature rose and pulse increased in frequency it was at once stopped.

Dr. H. thinks that he has by the aid of sulph. quinine judiciously exhibited, frequently cut short paroxysms of yellow fever and established rapid convalescence especially in children. The probable explanation of this may be that there existed *malarial complication* ; almost all diseases with us of a febrile nature, sometime during their progress show an intermittent tendency, which often encourages the use of sulphate of quinine in their treatment and which is often followed by the best results.

In the hæmorrhagic form of fever, to arrest black vomit and stop the various sources of hæmorrhage, many styptics were resorted to, but Dr. H. gives a decided preference to the hypodermic use of ergot, and the preparations for this were *Bonjean's Ergotine* dissolved in water (1 grain to 2 minims) or from 8 to 10

drops of Wernecke's Fluid Extract, said to contain about 2 grains ergot to each minim of the extract. These injections repeated three and four times in twenty-four hours, he has seen repeatedly stop black vomit and arrest profuse hæmorrhages from other mucous surfaces. The internal use of the prepared chalk—say ℥ii mixed in ℥iv water, well shaken, and a tablespoonful to adults, or dessert spoonful to children, given every two hours, he has seen change black vomit to pure blood, bright and florid; stop the chalk for a given length of time and the blood changes again to pure black vomit, showing that this alteration is chiefly due to the acid secretions of the stomach, acting upon the effused blood as poured out into this organ. Dr. H., here spoke of the practice of former years, and which he is sorry to say has not yet entirely disappeared, that of covering the patients with three to four blankets, excluding by all known means every breath of fresh air, allowing only warm drinks, and even these in very small quantities, or an occasional suck of ice, and this with absolute starvation for the first three or four days. Judge of the terrible depression incident to this profuse sweating maintained for so long a time—no drinks, and not a particle of food of any kind, liquid or solid, and the tissue changes incident to this fearful disease, progressing steadily, and you may readily imagine the *slow* convalescence of three or four weeks, which is usual, where the strength of constitution of the patient, or the mildness of the attack enable him to outlive the treatment. This year, after the second day where the stomach would bear it, barley water, thin gruel, milk and lime water were allowed, and in children particularly were highly beneficial. In adults and children stimulants were often required and exhibited; champagne and ice, weak brandy and water, etc., produced the best results. In children the best stimulant he used, and one which was most generally liked and taken with avidity was coffee and milk, in ℥i to ℥ij doses every ten to fifteen minutes, also a French preparation of beef, called Ducros' Elixir, given alone or in milk, ℥i to ℥ij every three to four hours.

In complete suppression of urine when the *catheter* only obtained from ℥ij to ℥ss highly charged with albumen in the twenty-

four hours, no remedy appeared of any avail; where, however, the secretion of urine though very scanty, still existe', the quantity was frequently increased, and the symptoms relieved by the hypodermic use of ergot, dry cupping over kidneys, warm stupes and poultices, with diluent drinks freely taken. The ordinary diuretics, such as turpentine, buchu, nitre, etc., he thinks were more frequently hurtful, than beneficial.

As to prophylaxis, nothing is known of this, and he thinks that the general opinion of the profession is that no means so far employed has been attended with the slightest real success; *possibly* more careful experiments in this quarter may be productive of more good,

Dr. H's. view of the *germ theory* of the origin of yellow fever is that it possibly explains more of the hitherto inexplicable mystery, than any other yet promulgated, but it is far from explaining all difficulties, and many other investigations are necessary before we can hope to prevent the repetition of yellow fever epidemics.

In answer to varied enquiries, Dr. H. stated that there was no uniform practice in yellow fever in New Orleans.

The disease is undoubtedly less severe in natives, or long residents.

The shortest period of incubation he knew of *positively* was forty-eight hours, when an individual came from a northern city into New Orleans, and in forty-eight hours was taken down with yellow fever, never having before come in contact with the disease.

The origin of the yellow fever in New Orleans was stated by the yellow fever commission in their report, and by the report of the New Orleans Board of health, to be two cases of yellow fever introduced on the steam ship Emily B. Souder, from Havana, which vessel arrived on the 23rd day of May, and *two months* afterwards cases of fever began to appear about the city, certainly a long period of incubation, when everything was so favorable to its nurture and spread as was proven by its rapid progress subsequently when it really appeared.

Dr. H. has seen a case of yellow fever in New Orleans, as late

as the 1st week in December. A temperature sufficiently low to produce frost is necessary to check the fever. He thinks at least six per cent. of cases of black vomit in adults recover, and a much larger proportion in children.

Other hæmorrhages are only dangerous from the quantity of blood lost. He has seen a case of fatal hæmorrhage of the bowels from the injudicious use of a cathartic during convalescence.

He had met with no positive *second attack* of yellow fever this year, though he heard many spoken of, but not as absolutely proven by any recognized authority.

With reference to the hypodermic administration of quinine he had not used it sufficiently often to establish its efficacy, or failure.

His reasons for not resorting to it more frequently, were the great pain always complained of by patients in whom he had employed it, and also in one case its use had been followed by fatal erysipelas, which made him rather unwilling to risk it again unless he met with some other preparations free from the objections to those now in general use.

ANTISEPTIC SURGERY. IS IT A SUCCESS?

BY J. EDWIN MICHAEL, M. D., DEMONSTRATOR OF ANATOMY, UNIVERSITY OF MARYLAND.

(*Read before the Clinical Society of Baltimore.*)

In medicine as in society fashions change. We naturally tire of a style or a method, and seek something new. Fashions in society are, I take it, the result of caprice. Fashions in medicine are *sometimes* the result of profound study and laborious investigation But they change like the others, and the change is not always for the better. In our eager desire for purely scientific practice, we throw away much that is valuable of the wise empiricism of the fathers. When we leave one extreme, we are prone to fly to the other. We say our fathers bled too much, and as a natural consequence we bleed too little. We look with

horror upon the effects of the excessive use of mercury to which they were addicted, and hence we often fail to use the drug where its effect would be most beneficial. For years and centuries surgeons studied the causes of putrefactive diseases, supervening upon wounds and operations, and sought by means of various dressings to avoid them. The putrefactive action was attributed to the oxygen in the atmosphere. It was only about fifteen years ago that Pasteur demonstrated this putrefaction due to infuscrial animalculæ contained in the atmosphere. A few years afterwards Joseph Lister following Pasteur, and confirming his views by observations of his own, concluded that if wounds could be completely secluded from the contaminated atmosphere, and means used to destroy or render innocuous whatever germs might accidentally reach the wounded surface all putrefactive, now called *septic* diseases, could be prevented. With this view he devised what he called the anti-septic dressing, which he has improved from time to time until it may now be considered almost perfect. Some other eminent surgeons accepting his idea have attempted to improve on his method. Thiersch in Liepsic has devised a treatment with salycilic acid for which he claims results equal to Lister's, and Volkman in Halle has introduced Thymol in regard to which experience is yet too limited for reliable comparisons, to be made. But anti-septic surgery like all other innovations having ceased to be a novelty, must undergo its course of objection and criticism, and it is not uncommon among us now to hear it spoken of with evident disfavor or damning faint-praise.

I do not propose on this occasion to go into the details of the application of anti-septic dressings, nor to review the investigations of Pasteur, Lister and others upon whose results the method is founded. Much less am I disposed to discuss the relative merits of the various means by which the idea is carried out. I shall inquire briefly whether the adoption of the theory and the consequent application of the anti-septic treatment, with a view of rendering the atmospheric germs innocuous, has been followed by results fairly attributable to it, which call for a general adoption of the plan by the profession. And I propose to make the inquiry in the spirit of a practical surgeon, for it is manily as

practical surgeons that the answer is interesting to us. What we want to know is whether by the adoption of a given plan, we are enabled to operate with a greater certainty of success than we can attain without it. It matters little to us whether Billroth's "cocco bacteria" can be generated and continue to exist in the pus of a closed abcess or not; we do not care to go into the question of spontaneous generation. We are not much more anxious to know whether, as Lister says, all poisonous germs reach the wound from without, or according to Billroth, they may also reach it from within, by means of the circulation. The all important question to us is whether atmospheric germs produce all the evils laid to their charge, and whether such evils can be prevented by their exclusion or their virulency held in abeyance by the so called antiseptics. It was a bold stroke of Ambrose Paré to cease following the time honored practice of pouring boiling oil into the smarting wounds of the French soldiers, and his course was made the mark of much of the learning and logic of his contemporaries. But he persisted in doing what his careful observation and sound judgement told him was right, and saved generations of wounded soldiers from the additional horror of scalding. Much learning and logic have also been wasted on Joseph Lister and his method, but he has gone on developing it, not doubting for a moment the correctness of the basis on which it is founded, overturning criticism at every point until his idea has penetrated wherever scientific surgery is known and Listerism looked upon as an established surgical fact. In order to form a just estimate of the good achieved by the antiseptic method it will not do merely to compare statistics of results in general, but we must inquire carefully whether the causes of death in the fatal cases are or are not those against which the method is aimed. Its most earnest advocates do not claim for it any power against shock, hemorrhage, or erysipelas, and so deaths from these causes must not be reckoned as showing defect in the method. But if we should find an epidemic of hospital gangrene or septicæmia, occurring where complete antiseptic precautions have been taken, we would be justified in pronouncing antiseptic surgery a failure. But what state of affairs do we actually find

upon inquiry? Those hospitals in which putrefactive diseases were especially prevalent, notably in Glasgow and Edinburg, they are scarcely known since the adoption of Lister's method. W. Hobson in commenting on the adoption of the treatment in the Newcastle, on the Tyne Infirmary, speaks of the improvement as being most marked. The mortality per cent. in the years 1873, '74, '75, without antiseptics, was nearly fifty per cent. in the great operations, while in the last three years during which antiseptic precautions have been strictly observed the rate has been reduced to about twelve per cent. It will not be necessary for me to multiply examples on this point since the journals teem with them and I know of no instance in which there has been reason to regret the introduction of the method. We find that certain great operations have lost much of their bad repute since the adoption of Listerism. Osteotomy is done with almost recklessness, yet with excellent results. Joints are opened, resections made and the deepest and most sensitive tissues handled with a boldness which can only come with perfect faith, Dr. Macewin of the Glasgow Royal Infirmary remarks—"We may date the introduction of osteotomy in its modern acceptation from the time when a firm faith in the value of antiseptics had gained possession of the minds of some surgeons who saw that they thus possessed a power enabling them with safety and surety to undertake operations which would otherwise have been so dangerous to life that they were not contemplated." With the combined aid of the carbolized catgut ligature, Esmarch's bandage and the antiseptic procedure, the ligation of large arteries is an operation that has lost much of its danger. The tremendous operation of ovariotomy has received the most decided help from the method. Prof. Carl Schroeder has lately published a report of forty seven cases with only seven deaths and Mr. Keith of Edinburg in his last report of cases gives no death in the last forty-one and only twelve deaths in the last one hundred and fifty six. So great indeed is the manifest advantage of using antiseptic precautions in these operations that Mr. Spencer Wells with all his scrupulous cleanliness and care has found himself constrained to adopt it. I apprehend that there is no better means of estimating the importance of

an innovation than a careful study of the character of the men who accept it. When a surgeon of years, experience and reputation, accepts teaching of another, he confers the highest and best of compliments, for we know how prone we are to decline instruction after having passed our youth. Estimated according to this standard I think we have most undoubted evidence of the success of Listerism. Prof. Thiersch of Leipsic remarks: "I look upon Lister's treatment as an experiment proved a success." He with Billroth, Bardeleben, Volkmann, and many other eminent Germans, consents to sit at Lister's feet. It has even made an impression on that medium usually so impervious to external influences, the French surgical mind and has some strong advocates among eminent French-men. Tested by the most searching scientific analysis, placed side by side with the best results achieved by other means, the antiseptic method stands to day the most enduring monument to modern surgery as well as to its able advocate and inventor, and I can not but think, tedious and cumbersome as it is in many of its details, expensive as it certainly is, those who can avail themselves of its advantages do wrong to neglect them. In conclusion I think I can select no more fitting words than those with which M. Verneuil closed the famous discussion in the French Academy of Medicine: "Gentlemen, the doctrine of septicæmia having for its corallary the antiseptic method makes at this moment the tour of the world, leaving incalculable benefits wherever it goes. It entirely dominates surgical pathology, profoundly modifying the doctrines and revolutionizing the therapeutics of operative medicine."

THERAPEUTIC NOTES.

BY JOHN DICKSON, M. D., BALTIMORE, MD.

Read before the Baltimore Medical Association.

BROMIDE OF POTASSIUM.—The very common uses to which bromide of potassium has been put of late, have given all of us ample opportunity of observing how much it may be abused,

as many other good things often are. The fact alone of its having given such marked relief in epilepsy and chorea, has placed it in the hands of so many professional and unprofessional persons, that there are very few of us who have not seen characteristic cases of bromism.

I need scarcely describe the languid expression of face, the listless manner, the indifferent mood, the drawling speech, and feeble movements, indicating depressed action of the heart and blunted sensibilities. The acne more or less abundant, and the disagreeable mawkish breath are almost pathognomonic. After excessive doses of bromide these symptoms may be heightened to such a degree as to resemble paralytic dementia, loss of memory, defective articulation, muscular tremor, unequal pupil, diminished sexual power, deranged menstruation and sometimes a fatal issue results.

An interesting case of this kind is recorded in the London *Medical Record*, August 15, '78. The patient, having most of the above symptoms, was brought to Dr. Boettger, at the Carlsfeld asylum, as a case of general progressive paralysis. In addition to the above symptoms "The pulse was small and faint, the surface temperature low; his whole appearance indicated mental and physical decay. The entire body inclined markedly towards the left side as is frequently the case in paralytic patients. The peculiar faint sweet smell of the breath was very marked.

Acting on the mistaken supposition that this was a case of paralytic dementia, the patient was put upon bromide with the immediate effect of aggravating all his symptoms. Loss of appetite and fetor of breath, suggested the use of quinine and iron, upon which he immediately improved, though the stupidity continued for about two months, and when his memory returned, he was oblivious to all that had occurred during the height of the bromism. He gradually became more active and interested in life. His bearing more upright, countenance more expressive, his gait firmer and the fetor of his breath gone. "During the next few months the patient rapidly recovered. All the paretic symptoms passed away, and he is now enjoying good mental and bodily health." Had he been placed in less skillful hands and

the bromide treatment continued, it would soon have ended in paralysis.

This is an extreme case and the mistaken diagnosis is one which any of us might have made, but it teaches us a lesson which may prevent us from falling into such an error hereafter.

Safe and powerful as it is in the hands of a careful physician, its indiscriminate use should never be allowed to the inexperienced.

We have observed that it depresses the action of the heart and lowers the temperature of the body, but it is rarely given as an apyretic; but chiefly for its special action on nerve tissue.

It is of all remedies the most effectual in "hyperæsthesia or irritability of the reproductive organs, so distressing to celibates; removing, in a short time, venereal excitement, or even desire. Ringer speaks of its use in the menorrhagia of young girls and again in that which occurs at the "menopause where there is often much sexual excitement, indeed a recrudescence of the generative instinct; but in other forms of menorrhagia and in flooding from uterine tumors it is useless."

In convulsive diseases of all forms most of us have proved its value, especially those due to reflex irritation. (Of its use in epilepsy volumes have been written in its praise, and my experience of its control in both forms of *grand* and *petit mal* have been most satisfactory. I have not found the enormous doses necessary to produce the desired effect; and the only unpleasant result is the characteristic eruption, which may be obviated by continuing small doses of Fowler's arsenical solution with the bromide).

It also exercises a powerful influence over secretion, the result of reflex irritation. "Ferrier found it arrested a diarrhœa in a pregnant woman, when all other means had failed," and there is abundant testimony that it controls the vomiting which is so often obstinate in that condition. Fothergill found it useful in arresting salivation from a decayed tooth, and suggests its use in the salivation often found in pregnant women. Ringer says "sometimes in the later months of pregnancy a woman becomes at night the prey of the most frightful imagining, laboring under the impression that she has committed, or is about to commit, some

great crime or cruelty, as the murder of her children or husband. The bromide dispels these illusions, and induces calm, refreshing sleep." That portion of the spinal cord which receives and transmits reflex impulse seems especially under its influence, diminishing nerve activity and arresting nerve conductivity.

Dr. Fothergill gives it to relieve various forms of cough. In that of phthisis he gives hydrobromic acid mixed with spirits of chloroform, in preference to any cough mixture; having a wholesome disgust for the long list under that category. He is very much opposed to the use of chloral in such cases, from the dangerous habit it incurs; but gives it when necessary to relieve pain, particularly in rheumatism.

The salicylates, however, for that purpose are greatly to be preferred; and my experience in the use of salicylate of soda recently, has been the happy fulfilment of the hope I expressed in my last paper before this society. Several cases of rheumatism in patients who had previously long and severe attacks, were relieved more speedily and more perfectly, than from any previous treatment; and in every case the pain has been subdued in from 2 to 3 or 4 days. It has become of such general use lately that I will only give the summary of an interesting table prepared by Dr. S. W. Gillespie, of Sterling, Ill., illustrating the result of salicylic acid treatment in acute rheumatism. He has taken the reports of 200 cases from the most reliable sources in this country and in Europe; from which he deducts that

The average time the patient was sick was 13.5 days.
" " " of relief from pain was 2.8 days.
" " " taken to reduce the temp. 30 hours.

This is a marvelous improvement on any previous form of treatment in this hitherto most obstinate disease; and it behooves us, each one, to test its merits fully.

The cases most benefited by this treatment are those characterized by high temperature, (about 103 F.) severe pain and much redness of the joints affected; while in the low form of acute and chronic rheumatism, not much is to be expected from its use.

Dr. Murchison and others have observed, that in the treatment of enteric fever by salicylic acid, suppression of urine had oc-

curred, and temporary albuminuria in several cases. A significant warning not to employ it in any case where there is organic kidney disease. It seems to diminish the tendency to heart complications by its prompt arrest of inflammatory action; but it cannot be regarded after all as a specific in rheumatism as quinine is in malarial poison; and much more care and discretion must be observed in the use of salicylic acid; though its tonic effects very much resemble those of quinine; deafness, tinnitus aurium, delirium, etc.

Sometimes these symptoms are due to impurities in the drug from admixture with carbolic acid. We should always watch carefully for such effects and, when observed, discontinue the medicine.

Relapses may occur as from discontinuance of any other form of treatment, and we must not desist from the remedy as soon as relief comes; but continue it in smaller doses and with the addition of such other remedies as the general condition of the patient may indicate.

Another writer in the *Lancet* thinks the symptoms in Dr. Murchison's case were probably due to the heroic doses which he employed, ℥vi daily, which was three times as much as that given by Jahn, who reports such remarkable success in the treatment of typhoid fever; and believes that the drug "has a healing effect on the typhoid process; that the antipyretic effect is shown in the remission of the cerebral symptoms; that a direct effect is produced on the digestive organs. The gastric symptoms diminish, the appetite returns, the diarrhœa is moderated or arrested; that as a result the postration is diminished and the convalescence abbreviated; that the soda salt is preferable to the acid, because it has the same curative influence, and possibly a more rapid effect while it produces no irritation of the respiratory tract; that no concurrent effect of the salicylate was observed, except that the tendency to epistaxis appeared to be increased by its use; that relapses were not avoided by the use of the salicylate; and it is well, therefore, to give it in smaller doses during convalescence."

In intermittent it has proved valuable; but does not compare in efficacy with quinine.

Salicylate of soda need rarely be given in larger doses than from ℥i to ℥iii daily in order to produce all its best effects, which will be marked in one or two or three days at most; and then the dose should be gradually diminished until some time after complete convalescence has set in.

Dr. J. M. Bennett, of Liverpool, in the *Lancet* of November 2d, 1878, gives an interesting account of a new method of treating that very troublesome affection chronic cervical metritis.

He quotes Simpson as saying that "inflammatory enlargement and induration of the tissues of the os and cervix are frequent in practice, and exist in most cases of very chronic leucorrhœa." Marion Sims "found it the most frequent of diseased states, and considered that it always existed in conjunction with artificial occlusion of the os." And so with Drs. H. Bennett and Grailly Hewitt, and all the leading gynecologists, this disease has received much attention and been the subject of varied treatment.

Dr. Rigby depended mainly upon general constitutional treatment according to the peculiarities of the case.

Sir. James Simpson used the strongest local applications, Vienna paste, nitric acid and potassa fusa.

"Gendion depended also upon Vienna paste, whilst Jobert used the actual cautery until he says it melted away."

Marion Sims, who has done so much for womankind, decries this heroic form of practice and says "sometimes the os tincæ becomes wholly occluded by the prolonged use of these agents; more frequently it is partially closed and the cervix always contracted." He has therefore depended more on the power of the sponge tent which he claims "dilates the neck of the womb, softens it by pressure and, by a sort of serous depletion, reduces the size, not only of the neck, but of the body of a moderately hypertrophied uterus, whilst the addition of glycerine sets up a sort of capillary osmosis."

Dr. Greenhalgh treats with iodised cotton and glycerine on this principle, and Dr. Bennett, finding it the most successful, concluded that an improvement upon that might be made by the

interstitial injection of iodine. He says "acting upon these bases, I first prepare my patient both generally and locally; the latter by relieving any super-engagement by means of local depletion, carried out by means of cupping, the frequent use of warm water, and the application of glycerine, so as to induce osmic action, care being taken to avoid the period of menstrual excitement. I then use a simple modification of the hypodermic syringe, which is sufficiently long to be used with Feynson's speculum; its points are made of 18 carat gold; and the other portion which might come in contact with the iodine, bromine or other agent inimical to any metal less resistant than gold or platinum, is mercurially gilt. The instrument should be charged with a solution of ten grains each of the iodide and bromide of potassium, to which ℥ss of the tinct. iodine, and sufficient distilled water should be added to bring it up to ℥ij. I then either puncture through the speculum leaving the uterus free if the os and cervix be very large and low down, or fix it with Sims's tenaculum, using a duck bill speculum. I generally make from three to five punctures according to the amount of hyperplastic matter to be absorbed. A cotton pledget well soaked in glycerine is placed against the part, and rest enforced for at least twelve hours. I seldom find that more than three operations are required; and I have never found any disturbance of moment set up, either generally or locally by the procedure; on the contrary I have had a number of cases turn out successfully when other methods had proved unavailing. In most cases I conjoin the treatment with dilatation by means of the sponge tent, which I put in practice after the first effect of the interstitial injection has passed off. By means of these continued methods of procedure my most sanguine expectations have been fulfilled; the hypertrophied os materially lessened and resolved to its healthy condition, and that with an absence of those after consequences, such as loss of tissue, painful cicatrices and stricture, which must have presented themselves to the practitioner who has steadily adhered to the mode of treatment by caustics, cauteries, etc.

I may add that I have ventured to try this mode of treatment in some cases of subinvolution with this difference, that I first

began with the interstitial injection of ergotine, and followed it after an interval with the iodine. My success has been such as to warrant a more prolonged trial.

The only drug administered has been the brom. pot. in large doses, with the object first of quieting the excitement of patients, and secondly of obtaining some of the benefits described by Professor Binz, of Brun., who speaks of the potash salts as being positively specific in subinvolution; and strange as it may appear. I have many times seen advantages derived from a continuous use of this salt quite equal to those described by Dr. R. Williams who attributed such wonderful powers to its action in splenic hypertrophy."

In the same number of the *Lancet* we find that a new caustic has been added to the list, which, in the hands of Dr. Richardson, who first introduced it in 1870, and in the practice of Dr. Brunton just reported, promises very effective and valuable results. This is sodium ethylate, prepared by adding the metal Sodium in small pieces to absolute alcohol, cautiously, in a wide mouthed bottle until effervescence ceases. This results in a crystalline substance at the bottom of the flask. Applied externally this is as powerful a caustic as nitric acid and much less painful, and adapted to the treatment of nævus and malignant growths beyond the reach of knife. It may also be used hypodermically to destroy the parts affected by poisoned wound, snake bite, etc., after the parts are rendered insensible by ether spray. It is also suggested that cystic tumors may be destroyed by the same mode of application.

The names of these distinguished men give value to their suggestions.

Dr. Ralfe, physician to the Seaman's Hospital and Teacher of Physiologycal Chemistry in the Medical School, St. George's Hospital, has given some important observations in the *Lancet* of November 9th, showing the different action of alkaline carbonates when given before and after meals. He gave 5i pot. bicarb. one hour before dinner, and repeated the same one hour before supper. The effect, in each case, was to diminish the acidity of the urine slightly during that day, but to increase it more markedly the next day.

The urine so quickly recovered its acidity that it did not remain alkaline more than two hours, whilst the acid passed in the remaining three hours, amounted to little less than the acid excreted in the fifth hour on the day proceeding the experiment. It was also observed that the excretion of uric acid was increased on the days the bicarb. pot. was taken.

The same amount of pot. bicarb. was given one hour after dinner, and repeated one hour after supper, with this marked difference of result. On the day of administration the urine became neutral or alkaline, and on the succeeding days there was no increase from the normal acidity of the urine, as there was in the cases treated as before. Besides, this alkalinity of the urine remained four hours after the potass. was taken, with no subsequent abnormal increase of acidity, as in the other mode of treatment. "The result of these observations tends to establish the fact that the administration of an alkaline bicarbonate on an empty stomach increases the acidity of the system whilst its administration after meals diminishes it.

These alkaline bicarbonates, being acid salts, if taken into the stomach before meals, when the mucous membrane is either neutral or alkaline, will be absorbed undecomposed into the blood and cause that increased acidity of the urine which has been observed.

But when taken during digestion, the acid contents of the stomach decompose them; carbonic acid is liberated, escaping by the mouth, "whilst the alkaline bases pass into the system and cause the urine to assume an alkaline re-action."

The therapeutic importance of Dr. Ralfe's observations are obvious; and I will give his conclusions in his own words.

1. In cases of acid dyspepsia arising from the excessive formation of acid within the system, as in lithamia, the alkaline bicarbonates should not be administered before food, but after.

2. The administration of alkaline bicarbonates before meals is indicated in those cases where the free acid is formed in the stomach itself, the result of fermentative changes of undigested food or morbid mucus, when it is necessary to diminish the too high degree of acidity thus caused, in order to permit digestion to be properly performed.

ON THE LOCAL APPLICATION OF EXTRACT CONII FLUID IN SOME DISEASED CONDITIONS OF THE THROAT.

BY F. W. PEARSON, M. D., OF BALTIMORE.

Although I am aware that preparations of conium have been used for some years back, as a local application to the throat by means of the atomizer, and also in steam inhalations I do not think the true value of the drug as a local sedative in diseases of the respiratory track has been sufficiently appreciated by the profession.

Every one who practices laryngology to any extent comes in contact not unfrequently with patients in whom the introduction of the mirror, be it done never so gently, brings on the most violent efforts at emesis, in fact, I dare say we have all seen cases in whom it was only necessary for the patient to open his mouth, and the doctor to make a motion as if to introduce the mirror, and, before it had crossed the line of the teeth, violent retching, or actual vomiting would be produced, and although by the exercise of a little patience we are seldom balked in our endeavors to obtain a view of the vocal cords, still a remedy which will diminish this extreme irritability would be conducive of much comfort to the sufferer and to the doctor. Such a remedy we have according to my experience in conium, used either in the form of spray in the proportion of Ext. Conii Fluid, gtt. x—Aq. f℥j., or, applied to the fauces by the brush in the proportion of one part of the fluid extract to two of water. After the application let the patient rest for a few minutes, and on the next trial with the mirror there will usually be found a greatly increased power of toleration of foreign bodies in contact with the uvula and adjacent parts than there was before.

Applied directly to the cords in all forms of laryngitis it rarely fails to give relief to the more distressing symptoms, and its beneficial results in ulcerated conditions of the larynx incident to phthisis, syphilis, etc., are often most marked, quieting the con-

tinual cough, and pain on swallowing in a way that is not excelled by any other remedy.

In applications to the larynx I use the fluid extract of the leaves without any admixture.

Some objection may be urged against its employment in the manner indicated above on the ground that there is danger of giving an over dose; but a little reflection will show that such fears are baseless as the ordinary laryngeal brush such as I use, made by Reiner, in Vienna, does not hold many drops of fluid of which a large proportion remains in the brush after use. Of course in the employment of the spray apparatus, some precaution must be taken, and you should not continue its use after you think that you have thrown a medium sized dose of conium into the throat.

As an addition to other drugs, or used alone in steam inhalations, it affords much relief in acute bronchitis.

I do not claim for conium a curative power in any of the complaints enumerated excepting so far as its sedative influence by quieting irritation of the parts may induce them more kindly to set up a healing process; as, for instance in those cases of throat disease where, after having made my astringent or caustic application, I have followed it up immediately with the conium, I have thought my results to have been better than when such were used alone; but, be that as it may, by masking the more objectionable symptoms as far as the patient's sensations are concerned it certainly affords him much comfort.

CORRESPONDENCE.

A CHEAP AND EXPEDITIOUS METHOD FOR PREPARING LISTER'S BANDAGES.

BALTIMORE, JAN. 27th, 1879.

DRS. MANNING & ASHBY,

Gentlemen:

At the suggestion of Prof. Tiffany I made several experiments in order to prepare, in a short time and with as little expense a;

possible, a material approaching in character to that found in the market. The formula which I adopted after making a number of experiments, and which gave me the best result is

Boiled Linseed Oil	℥iv,
Yellow Wax	℥ij,
Rosin	℥iv,
Spts. Turpentine	℥viij,
Calvert's Carb. Acid No. 2	℥j.

Melt the oil, wax and rosin together over a water-bath, and add the turpentine and carbolic acid. Then take a piece of tarlatane sixteen yards long by two yards wide, and immerse it in this menstrum, while still fluid. Then pass it through an ordinary clothes wringer. Pass it through the wringer three or four times, or until no more of the mass can be squeezed through, then fold it and wrap it in oiled silk or carbolized paper, and preserve it in a tinbox carefully excluded from the air to prevent the evaporation of the carbolic acid.

The article prepared in the above manner is equal in beauty to that found in the market, and sold at twenty-five cents per yard. The process above described will yield a material which is soft, pliable and does not become sticky when brought in contact with the body. As far as I understand, the expensiveness of the commercial article has prevented its introduction into general use in hospital and private practice. The bandaging prepared by the above manner costs eight cents per yard, or less than one-third the price of that found in the market.

Very respectfully,

E. W. Eilau, Medical Student,
Maryland University Hospital.

Ringwood, N. C., Jan. 26th, 1879.

Editors Maryland Medical Journal.

Sirs:—

I have recently seen two cases of fractured tibia (one my patient), the lesion occurring at the lower third, not involving the fibula (consequently slight deformity). Of course the treatment of all fractures consists of means to support the limb in a proper position during the healing process. There are different opinions

among surgeons as to the best apparatus to use in such fractures as above described; some prefer a fracture box, others splints, or paris plaster bandage. What apparatus would you recommend as being best for the comfort of the patient and at the same time prevent deformity?

I have read with interest, in your last issue, the paper of Dr. Dawson, on the "Bavarian Plan" of using plaster of paris, and think the idea good, the flannel on which the plaster is applied in those cases can be loosened, which obviates the necessity of waiting until the swelling subsides as is the case when the plaster bandage is applied. I have seen a case where *dangerously intense* inflammation set up when the plaster paris bandage was too early used.

Please give me your experience in the treatment of fractures.

Respectfully, &c.,

G. E. Matthews, M. D.

In the treatment of a simple fracture of the tibia, referred to by Dr. Matthews, there is, in our opinion, no better apparatus than that described as the "Bavarian Plan."

If the patient is seen soon after the fracture has occurred, before swelling has supervened, the plaster of paris may be applied immediately after the fracture has been adjusted, and the patient allowed to use his crutches at once. Should there be decided swelling, at the time the fracture is first seen by the surgeon, one of two methods may be adopted. The fracture should be adjusted, and limb either be bound up securely in an ordinary feather pillow, and allowed to rest until all swelling has subsided, or else the plaster of paris apparatus applied in such manner as to admit of an easy readjustment.

Each surgeon has his own ideas in regard to the treatment of fractures, and will most probably adopt the method most convenient to him. By some the anterior splint is still adopted, with others the starch bandage is in use. Equally good results follow these different methods. Success in the treatment of fractures is not so much the result of the apparatus employed, as the reward of intelligent watchfulness and skill bestowed by the surgeon.

The best appliances in the hands of the incompetent and careless surgeon may prove but instruments of torture. The intelligent use of the appliances which every practicing surgeon can command may be followed by perfect results.

(EDS.)

CLINICAL REPORTS FROM HOSPITAL AND PRIVATE PRACTICE.

A CASE OF SPONTANEOUS RUPTURE OF A CYST OF THE BROAD LIGAMENT.

BY I. E. ATKINSON, M. D., BALTIMORE.

Read before the Clinical Society of Baltimore.

Mrs. —— about 37 years of age, the mother of two children, the youngest 15 years old, had always enjoyed good health until about three years ago, when she began to suffer somewhat from symptoms of dyspepsia, and shortly afterwards noticed that her abdomen had become rather larger than usual. To this she paid but little attention, thinking it a manifestation of beginning corpulency, especially as the enlargement seemed to be symmetrical. There was a gradual but positive increase in size and this finally became so decided that her friends imagined that she was pregnant. She, however, felt no uneasiness, as her menses continued perfectly, regular and normal. During the winter of 1877, she began to be annoyed by a troublesome cough, which was accompanied by a sharp pain under the right scapula and by some emaciation. Finally there occurred an attack of hæmoptysis upon March 1st, 1878, with a moderate loss of blood. After several small returns, the hæmorrhages ceased, not to reappear, but there remained slight dulness under the right clavicle with feeble respiratory murmur and prolonged expiration; cough, with these symptoms there was a moderate but obstinate continuous elevation of temperature, which finally yielded to the vigorous use of quinine. Under the employment of tonics, including cod liver oil, there was a general improvement, so that by the end of May, the general health was reestablished, and the signs of pulmonary disease disappeared.

It was during this attack that my attention was drawn to the condition of Mrs. ——'s abdomen. It was then about the size of that of a woman in the seventh month of pregnancy. Not to recite details,

it will suffice to say that I had no difficulty in ascertaining that the enlargement was due to encysted fluid; that the cyst occupied the lower portion of the abdominal cavity and extended into the pelvis. The heart, kidneys and liver, showed no evidence of disease. There was a distressing nausea, occurring especially in the morning and very rebellious to treatment. Upon informing Mrs. —— that I had concluded that she was the subject of an ovarian tumor, she expressed a desire to consult the late Dr. Washington L. Atlee, and towards the end of May, I accompanied her to Philadelphia; and calling at Dr. Atlee's office by appointment, we had the good fortune to obtain the additional opinion of Dr. John L. Atlee, Sr., of Lancaster, who by a happy accident was at his brother's office.

Both gentlemen declared without hesitation that the case was one of ovarian tumor, probably unilocular; that the only doubt depended upon the possibility of the cyst's being one of the broad ligament. Upon this point they could not speak with certainty, without tapping, since a diagnosis from a physical examination was impossible.

After Mrs. ——'s return home, the nausea became gradually less troublesome, and finally entirely disappeared; her general health became much improved. There was an arrest of growth of the cyst which remained unaltered until November 18th. Upon the morning of this day, upon leaving the house, she slipped upon the frosty pavement, but did not fall, recovering her equilibrium with an effort. A momentary twinge of pain shot through her body, but was so slight that she continued down town to her place of business. During the day she felt unusually well and was free from pain. Upon her return home at six o'clock, P. M., she passed an excessive quantity of urine. She slept soundly all night, but was aroused at 5 o'clock, A. M. by a desire to micturate, and again passed a very large amount of urine. Still feeling perfectly well, she attended all day to her business down town, but was frequently obliged to empty her bladder. By evening, she discovered that her abdomen was less tense. The next morning she called at my office, not because she had the slightest feeling of discomfort, but only at the urgent solicitation of her family; indeed, she declared that she felt better than she had done for several years. Her dress which two days previously had fitted her closely, now overlapped several inches. I directed her to go immediately home and to bed; but found upon visiting her during the evening, that she had disobeyed my orders and had remained down town all day. Her

pulse and temperature were perfectly normal. November 21st. Has been perfectly comfortable; is this morning without pain or soreness and has a normal pulse and temperature. Since yesterday her waist has diminished ten cms. in circumference. The urine passed from 6 o'clock P. M. to 9 o'clock A. M., amounts to exactly a half gallon. It is of specific gravity 10.12, faintly alkaline and pale. A slight precipitate forms with heat, but disappears upon the addition of nitric acid, (phosphates). 22nd. Continues well; micturition still excessive but becoming more moderate. 23rd. Has been very weak and has had several fainty attacks. Remains free of pain or soreness. Temperature and pulse normal. Slight insomnia. Abdomen soft and almost flat, no sign of tumor. (When she started out upon the morning of the 18th, she was menstruating. Her menses have continued, normally, as has always been the case, and have ceased after the usual period of five days. 25th. The waist is now of its natural size. Prom this time she steadily improved and is now, December 18th attending regularly to her business. Measurements of her abdomen at the greatest circumference were, unfortunately, not begun until the 21st, when there had already been much diminution in size. Upon the 21st the greatest circumference was 87 centimetres; upon the 22nd it was 79.5 centimetres; upon the 23rd, it was 76.5 centimetres; and upon the 24th it was 74 centimetres. At present the general condition is excellent and both waist and abdomen of normal size.

Spontaneous rupture of an ovarian cyst into the peritoneal cavity is a mode of termination not unknown to pathology. Dr. Tilt has collected 71 cases of this accident, of which 30 recovered, 19 were improved, and 21 died. (Thomas' Diseases of Women, 1874, p. 675). It has been doubted however, whether these cases are really of ovarian tumors. Atlee (ovarian tumors, page 124), thinks it very probable that the majority of cases of recovery after rupture, reported as ovarian are really of cysts of the broad ligament. Nevertheless, that rupture of ovarian cysts may be followed by no fatal consequences has been verified by autopsy, where the cicatrization of the rent has been demonstrated (Barnes, Diseases of Women, p. 299, Philadelphia, 1874). The danger to the patient is primarily from shock, and secondarily from peritoneal inflammation, and depends a good deal upon the character of the effused fluid, which may be clear and simple without albumen or may be highly albuminous and puriform. At all events the bursting of an ovarian cyst into the peritoneal cavity is full

of peril, since the fluid is apt to be one of which the peritoneum is intolerant.

On the other hand cysts of the broad ligament, not unfrequently burst and discharge their contents into the peritoneal cavity, where the usually bland and unirritating character of the fluid makes it innocuous to the peritoneum which rapidly absorbs it, when it is quickly eliminated by the kidneys. Atlee (loc. cit.), says, "the rupture of such a cyst will be followed by recovery." It appears, however, that this fortunate termination cannot always be realized. The fluid of a cyst of the broad ligament is not always of this harmless quality. Where the sac is thin, it is said that the fluid is of the simple character described; but when the walls of the cyst are thick, as may occur, the fluid is said to be quite like that of ordinary ovarian cysts (*Amer. Journal Obstetrics*, vol. ix, p. 699, quoted from *Archir. fur Gynakol*, vol. ix). It is certain that the rupture of cysts of the broad ligament is not always followed by harmless consequences. In the *American Journal of Obstetrics*, vol. x, p. 484 is reported a case of rupture of one of these cysts, resulting in death. Prof. Gaillard Thomas refers to three cases of ruptured cyst resulting from the manipulation consequent upon examination. (Clinical lecture, New York *Medical Record*, May 18th, 1878). Two of these were followed by severe pain, while the third patient developed a peritonitis and only recovered after a tedious illness.

There seems, indeed, to be no possibility of distinguishing with certainty, between a simple unilocular ovarian cyst and a cyst of the broad ligament, except from the results of tapping, since a very large proportion of cysts of the latter kind never refill. (Charles Clay, out of forty cases tapped, observed a return in but six. Peaslee tapped six cases, without one refilling (*Amer. Journal Obstet.* vol. viii, p. 662). In the present case, the operation of tapping not having been resorted to, I was not able to avail myself of this information. How then is it possible to decide upon the non-ovarian nature of the cyst? In the first place it must be premised that absolute certainty under the circumstances *is* unattainable.

The considerations that make it probable that a cyst of the broad ligament was present, consisted of the general concurrence of signs rather than of positive indications. These were, 1st. The duration of the tumor (nearly three years); 2nd. Its very slow progress; 3rd. The preservation of a perfect menstrual function; 4th. The recent improvement in the patient's health; 5th. The disappearance of the

cyst after rupture; 6th. The absence of pain, and the entire absence of symptoms of peritoneal distress or inflammation after the rupture.

It is true that it cannot be said to be impossible for a ruptured unilocular ovarian tumor to behave in a similar manner, and I have not been able to ascertain whether the entire absence of pain would exclude the idea of this form of cyst, but it is most probable, that a cyst of the broad ligament, other things being equal, would be more disposed to conform to the course, here described, when ruptured. This is certainly the opinion of Dr. John L. Atlee, who in his valued note in reply to my short account to him of the turn Mrs. ——'s case had taken, says, "I feel assured that Mrs. ——'s case was one of cyst of the broad ligament, having nothing but a coating of peritoneum; that the fluid being pure serum without albumen was rapidly absorbed and thrown off by the kidneys, as I have frequently known. I think Mrs. —— is likely to be permanently relieved and congratulate her upon her recovery."

Should my patient, now, experience no return of her trouble there will be a further corroboration of the diagnosis of cyst of the broad ligament.

CASE OF EMPYEMA.

BY A. C. POLE, M. D., BALTIMORE, MD.

March 15, 1877. Was called to see Mr. C. A, P——, aged 20, teacher of music. Had not been feeling well for several days. Complained of pain in both sides of chest. Had high fever and cough. Had been seen by a physician who diagnosed typhoid fever. Physical examination revealed pneumonia of the whole of the left lung, and the lower lobe of the right lung. In a few days he expectorated the characteristic rust-colored sputa; symptoms assumed a typhoid character. Under supporting treatment he began to show signs of improvement. The trouble in right lung disappeared, and the left lung was progressing favorably when he was attacked with pleurisy of the left side. The concomitant effusion rapidly filled the sac, and to so great an extent that the intercostal depressions were obliterated, and the heart, as shown by the sounds, pushed to the right of the sternum. The fever now assumed a hectic type, night sweats were profuse, and the expectoration was of a purulent character.

The uncertainty as to the character of the effusion was such, that

aspiration was deemed advisable, and, on March 28th, Dr. Christopher Johnston was called in consultation, but the operation was not advised.

Blisters were frequently applied, and diuretics and tonics freely used. Quinine, in ten grains doses, was used at night as an anti-pyretic. Sage tea and aromatic sulphuric acid for night sweats. Under this treatment the fluid showed signs of diminution, and in a short time it had all, apparently, disappeared.

His strength gradually returned, and his temperature and respiration became normal; the *pulse* was frequent and feeble.

By the 14th of May, he was well enough to be out on the street, and on the 21st of May, he removed to the country, a distance of three miles from the city, where he remained until September 25th. During this time he had walked into and out from the city daily, for the purpose of carrying on his profession. The only difficulty experienced was fatigue and slight deficiency of breath after the exercise. He complained occasionally of intercostal neuralgia, which was always relieved by chloroform and aconite liniment. He had a slight cough and was advised to use cod liver oil and syrup of the iodide of iron, but he declined. At this time, about the last of September, mensuration showed both sides to be alike.

Was called again in November. Found him suffering from great dispnœa and a troublesome cough, and expectorating a purulent sputa. Auscultation revealed metallic tinkling. The percussion sounds were flat at the lower part of chest and tympanitic above.

Diagnosis hydro-pneumo-thorax. A blister was applied at the lower part of the chest. Syr. iodide of iron and cod liver oil was ordered, and he seemed to improve in general health. Expectoration continued. On March 13th, 1878, was again called, and found the patient greatly reduced in flesh and strength, and in bed. Respiration was accelerated. The expectoration was of a greenish color and sweetish taste. His intercostal spaces were bulging, and the percussion sound up to the fifth rib was flat. His cough was quite troublesome. In a week or two, expectoration ceased, and he was tolerably free from cough.

About April 1st, the fluid had risen to about two inches below clavicle in front, and on a line with the root of the spine of the scapula posteriorly. The intercostal spaces bulged markedly. Nigh sweats had been profuse for about two weeks. The apex beat of the heart was a little to the left of the right nipple. The fever again assumed the hectic type; with occasional regular intermissions cinchonidia was

given, but failed to control its periodicity, though it lessened the fever in degree.

Remedies for the absorption of the fluid were persistently used, but without success.

In consequence of the great dispnœa experienced, aspiration was urgently demanded. Dr. C. W. Cropper was called in consultation and sixteen ounces of creamy pus was withdrawn by means of an aspirator. Bubbles of air followed the fluid which came away reluctantly, and under powerful suction. By reason of the patient coughing the needle was withdrawn. The quantity taken away seemed to afford him relief very soon after the operation, expectoration recommenced, the sputa being of the same character as previously.

On the 19th of April, the patient was again seen by Dr. Cropper and myself. The dyspnœa being urgent, an incision to the extent of one and a half inches was made by the former, between the eighth and ninth ribs posteriorly, emptying the sac of one hundred and sixty (160) ounces of purulent matter to the immediate and great relief of the patient. There was *no* coughing, and the only pain experienced was from the incision. The amount of fluid removed in all, was the enormous and almost incredibly large quantity of one hundred and seventy-six (176) fluid ounces.

A rubber tube was introduced into the opening, through which the sac was washed out daily with carbolized water. The drainage when lying upon his back was considerable, amounting to as much as a pint during the night. His temperature for some time previous to the operation had been ranging from 101° in the morning to 103°, @ 104° in the evening, reaching frequently 105°. Temperature on the day previous to operation 9 A. M., 101½°, 8 P. M., 103½°. At hour of operating 12 M., April 19th, 100½°—8 P. M. 101¼°. Following morning 99½°—evening 101¾°. In a few days the temperature ranged about the same as before the operation though his breathing was much improved, and his pulse became less frequent—appetite excellent—in fact, during his whole sickness his appetite was usually good.

On June 5th, he was out on the street walking short distances with the aid of a cane.

From this time until September he went about daily, and on two occasions visited the park. He also once about the middle of August, went on an excursion to Holly Grove.

On September 7th, he returned from the park greatly fatigued from the exercise, and took to his bed where he remained until his death on October 6th.

Three weeks previous to his death he was pronounced to be in a dying condition. Dyspnœa was very great amounting at times to orthopnœa, all the windows and doors were thrown open to allow a sufficient quantity of air to enter. His friends were summoned to his bedside, and for two whole nights they watched for his death. To allay the dyspnœa spirits ætheris comp. was ordered. He soon went to sleep and brandy was then administered. He then rallied until a few days previous to his dissolution when he was again troubled with dispnœa. Cold clammy sweats, involuntary discharges from bowels, etc. The day previous to his death he ate nothing. Treatment since operation consisted principally of beef, brandy and iron.

Sunday, October 6th, 1878. Autopsy, Present; Drs. Darling, Cropper and myself. Body much emaciated. Bedsores over sacrum, along entire spinal column, and over trochanters. Odor from body putrid and almost unbearable. Rigor mortis slight and easily overcome. Opening at lower point of scapula (left) between eighth and ninth ribs, about one-half inch in diameter in which is inserted a tube made from a thermometer case, retained in place by means of adhesive strips. Tube full of pus, greenish-yellow, curdy-putrid.

Heart—apparently normal situated directly in mesial line.

Lungs—a small impaction of what was originally the left lung, was found closely adherent to root of primary bronchus on that side. It was fairly smooth, except in spots here and there, where it was slightly broken down in patches the size of a silver dime. Broke down easily under the finger and was infiltrated throughout with a fluid similar to what was discharged both by the mouth and through the tube. The pleural cavity on left side was, saving this mass, hollow, and its entire surface covered with a thick clinging mass of pus. There was no part of it exempt from a pus creating surface apparently. The parietal layer of the pleura was so broken down in three or four spots, that the ribs and vertebræ were laid bare, and even sufficiently destroyed to allow of their being crushed slightly under the pressure of the finger. At the discharging hole, both ribs, between which the tube ran, were denuded of periosteum and fibrous tissue to the extent of half an inch each. The apex of the cavity contained two bare spots and one of the dorsal vertebræ had a large spot of decay on its body. Right lung partially adherent to chest wall, Partially consolidated surface full of hard knotty projections, which upon section yielded a

curdy mass, plastic mostly, though some were fluid. Several cavities in middle lobe of lung.

Liver, apparently healthy.

Unable to prosecute search further because of lack of time.

There must have been several ways of communication between the mouth and the pleural cavity because of the resemblance between the matter expectorated and that discharged through the tube.

PROGRESS IN SURGERY.

BY J. EDWIN MICHAEL, M. D.

The January number of the *Am. Journ. Med. Sci.* contains an interesting account of a trial in which the medico-legal importance of careful measurements of the extremities in healthy subjects. was well exemplified. In the case of Weaver vs. Strickler, the plaintiff Weaver sued Dr. Strickler for damages for mal-practice on the ground that in the case of the former's son, whom Dr. S. had treated for fracture of the femur, the leg on the injured side was five-eighth inches shorter than on the other. Drs. Hunt and Agnew, of Philadelphia, were experts for the defence. They measured the legs of a young son of Dr. S., who had never suffered from fracture, just before going into court, and found three-eighth shortening on one side. This fact seems to have had weight with the jury, who immediately after the conclusion of the evidence brought in a verdict for the defendant. The fact that perfect symmetry in the length of the legs is the exception rather than the rule is one of extreme importance.

Dr. Alex. Ogsten of the Aberdeen Royal Infirmary discourses at considerable length in the December number of the *Edinburg Med. Journ.* on the pathological anatomy of club foot, and what he calls a new method of treating it, by tenotomy conjoined with the use of plaster of paris bandages. He says with great propriety that we are indebted to the Germans for the method, for five years ago Billroth in Vienna was constantly using it about in the same manner that Dr. Ogsten has described it. And four years ago I used the method here in Baltimore with good success.

It is pleasant to know that as much as we are behind in somethings we are not behind Aberdeen in the treatment of club-foot.

The *British Med. Journ.*, Jan. 4, contains a notice of an operation as unique as it was successful. The deformity of leaving the testicle in the perineum is unusual, and heretofore we think no operative procedure has been instituted for its relief. Mr. Thos. Annandale of the University of Edinburg, having met with such a case, skilfully dissected up the testicle from its false position placed it in the scrotum, and retained it there by sutures. The operation was done under antiseptic precautions, and was followed by a perfect result.

M. Surmay in the *Bulletin General de Therapeutique* of May 30, after discussing at length and answering in the affirmative the two questions: 1. Will the intestinal digestion suffice for the elaboration of alimentary substances in such manner as to render them assimilable and nutritive without the direct intervention of the stomach? 2. Is it possible to make and maintain at a convenient point of the small intestine, an opening through which may be introduced certain appropriate substances that afterwards shall undergo the changes necessary to render them assimilable and contributive to nutrition? proceeds to give directions for opening the small intestine at its upper part, where there is danger of death from inanition in cases of closure of the pylorus. The upper end of the jejunum having been found opened and stitched to the edges of the external wound forms a permanent fistula, a sort of artificial mouth, into which nutritious substances are to be introduced. The escape of the bile and pancreatic juice are to be prevented by the dorsal decubitus, or caught in an appropriate vessel to be afterwards introduced and allowed to perform their part in digestion. Though the operation (*enterostomy*) has never yet been performed on the living human subject, there is little doubt, but that in many cases it might be the means of attaining the object for which it is suggested. It is very doubtful, however, whether length of days under the circumstances in which it would be indicated, would be particularly desirable.

Dr. Genzmer, of Halle, has analysed sixty-nine cases of hydrocele treated by incision under antiseptic precautions without a

single fatal result, and with no excessive inflammation. The average duration of the stay of the patients in hospital was ten days. There was in but one or two of the cases, an elevation of temperature of more than three degrees. The method is to open the sac by an incision of from three to four inches in length. The testicle is then examined, and, if cheesy orchitis exist, the diseased portions are laid open and scraped out. The edges of the tunica are then stitched to the scrotum with catgut sutures. The testicle now appears lying at the bottom of a gaping wound. A drainage tube is placed vertically upon the organ, and the edges of the wound are partly approximated by one or two deep silk sutures to keep the testicle from escaping from the sac. Primary union of the walls of the sac takes place, and a slight granulating surface is left at the end of a few days to mark the site of the cut. The tube is usually removed about the fourth day, when the silk sutures are also taken out, and the dressing changed a second time at the end of a week. The wound is then dressed with benzoated cotton batting inside of a suspension bandage and the patient discharged.—*Surg. Med. Rec., Aug. 15, '78. Am. Journ. Med. Sci., Dec., 1878.*

Cholecystotomy, the operation recommended by Mr. Maunder, in cases of impacted gall-stones was performed last April, by Dr. J. Marion Sims. The patient lived eight days, and death was the result of poisoning by bile salts. The immediate results were beneficial, and the post mortem showed no trace of peritonitis. The gall bladder was also firmly adherent to the abdominal walls. Antiseptic precautions were used. *Lond. Med. Rec.*, July 18.

Most important in the study of antiseptic surgery are the investigations of Volkman and Genzmer at the clinic in Halle. These gentlemen have carefully studied the febrile phenomena occurring in patients treated antiseptically and otherwise, and have arrived at valuable conclusions, which are expressed in the names *septic* and *aseptic* wound fevers. The remarkable thing about aseptic fever is its complete apparent independence of the condition of the wound. A patient may have a temperature ranging from 103° to 104° for a week or ten days, and yet

appear perfectly well; in fact he may be able, as is frequently the case in Halle after wounds and operations of the upper extremities, to walk two or three miles from his home in the country every day to the hospital to have the dressing changed. In aseptic fever, even with the highest temperatures Volkman and Genzmer never found the tongue dry, though there was often increased thirst. The skin never felt so hot to the touch as it was proved to be by the thermometer, and it was always moist, and not dry. Profuse sweats were not unfrequent. The urine was excreted in remarkable abundance, and the appetite of the patient was little if any affected The pure form of aseptic fever is characterized by Volkman and Genzmer as harmless and without prognostic significance. Of course between these cases of pure aseptic fever, and the cases of ordinary septic fever, there are numerous transitional forms which depend most probably on the imperfection of the present anti-septic method, by which the development of specific processes of decomposition in the secretions of the wound is not always completely prevented. The fatal issue of such cases depends on the predominance of the septic or aseptic element. "Aseptic wound fever" say these gentlemen is," after all, in our opinion, nothing but a fever due to absorption, but it differs from septic fever in this respect, that the substances absorbed are not so very different from those which are produced by the retrograde metamorphosis of the tissues, and the various nutritious processes which occur physiologically in the body; whereas, in septic fever, heterologous, poisonous and putrid bodies, or fluids which contain some specific element or other capable of exciting processes of decomposition find their way into the blood. The knowledge which has been obtained from experiments on transfusion, and even on auto-transfusion, prevents our doubting for a single moment that such substances as we now suppose to have given rise to aseptic fever are capable of producing large elevations of the temperature of the blood." It is a strong argument in favor of the above view of aseptic fever as an absorption fever that V. and G. have almost invariably succeeded in rendering the most severe operations and injuries afebrile by means of permanent antiseptic irrigation combined

with abundant drainage of the deepest parts of the wound, so that the secretions which form between the sides of the wound during the first few days after operation are continually washed away.

Prof. Middleton Michel of the University of South Carolina, in the *Charleston Med. Journal and Review* of April, 1876, and again in the *Am. Journal of Med. Sci.*, for December, 1878, calls attention to an old Spanish method of treating inguinal hernia. The sac was slit up, the intestine returned and the testicle and cord of the injured side squeezed into the canal as a plug to prevent a repetition of the accident. The wound was then closed by a few golden sutures. The method is called to mind by a case of Dr. C. T. Hunter published in the Jan., 1878, number of the *Am. Journ.*, in which the patient himself was in the habit of pushing the testicle into the canal to keep up his rupture.—*Abstract* from *Am. Journ.* of the *Med. Sci.*, quotation from *Med. Times and Gaz.*, of June 22, 1878.

REPORTS OF SOCIETIES.

MEETING OF BALTIMORE ACADEMY OF MEDICINE, HELD DECEMBER 4TH., 1878.

(*Reported for the Maryland Medical Journal.*)

Dr. McKew called attention to a disease more or less prevalent at this time in Baltimore, a few cases of which had come under his care. It resembles most typhoid fever, though most of the symptoms of the latter are absent. It is a continued fever, lasting five or six weeks, with somewhat erratic thermometric phenomena, no diarrhœa as a rule, no rose spots, no intellectual impairment, no involvement of the pulmonary mucous membrane, no tenderness in the iliac regions, tongue free from typhoid characters. One case exhibited very obstinate constipation. His last case, which is still under treatment, is that of a married lady aged 39, with several children. She is in comfortable circumstances and has always been healthy with the exception of a miscarriage which occurred five years ago, and which has left her with symptoms of uterine disease. Her present illness

began with pain in the back and lower part of the abdomen followed by catarrhal diarrhœa which soon assumed dysenteric characters. There was no fever at first, and the patient was able to be up and about. The discharges were readily checked by opium and other agents, but recurred again and again when the remedies were discontinued. The bowel symptoms with some uneasiness about the epigastrium continued for about one month, when considerable fever set in. On the first day the temperature in the morning was $102\frac{3}{10}$ and pulse 102; evening temperature 104, pulse 112; next day, morning temperature $102\frac{1}{10}$ pulse 111; at 12 M. ten grains of quinine were given and same amount repeated in the evening. The following morning there was tinnitus and gastric oppression; pulse 115, temperature $102\frac{4}{10}$. The tongue all this time was merely covered with a slight whitish fur. Next morning with a pulse of 100 and temperature of $101\frac{1}{10}$, quinia grains vi were ordered every four hours; evening, pulse 128, temperature 103°. On following day, very violent vomiting and nausea and uncontrollable diarrhœa, with exceeding and dangerous debility; on the evening of this day the pulse was 130, temperature $103\frac{4}{10}$. The quinia was discontinued and lead and opium with stimulants were given with decided relief to the symptoms. The morning temperature continued always less than that of the evening. One morning the temperature rose to 103°, the pulse being 113; that evening they were $103\frac{1}{10}$ and 111. This patient is still under treatment, her sickness having now continued 36 days. During all this time except during the attack of vomiting (which was attributed to the quinia) she has been lying in bed complaining only of weakness, and has been able to take food freely except during the period named. Her urine has been examined with negative result; there is no apparent local lesion anywhere. There is no tubercular tendency in her family nor any indication of such in her own appearance.

Dr. Thomas referred to a case of the same nature; a gentleman was taken sick whilst at Highland Park near the city, with an apparent intermittent paroxysm. During the ensuing illness the thermometric temperature ranged from 101° to 103°, the pulse from 110 to 120. There was no diarrhœa, no cerebral disturbance, extreme constipation, sleeplessness except when morphia (in small doses) was given. In the fourth week he had a violent chill, the temperature rose to 104°—105°, and pneumonia was discovered in both lungs. This disease rapidly ran its course leaving him very much prostrated; convalescence was slow. The treatment was quinine throughout, gr. xx, every

day for three weeks. This did not cause tinnitus or other unpleasant results. Dr. Thomas calls the disease typho-malarial fever.

Dr. McKew said there was nothing of the typhoid character in it except continued fever. It is a zymotic poison the nature of which is entirely unknown.

Dr. McSherry favors the name of typh fever as proposed by Chambers, *i. e.* a low form of continued fever neither distinctively typhoid nor typhus. He has seen such cases which could not be designated properly by either name. Adynamia is the most marked feature, with more or less cerebral disturbance. In connection with this subject he referred to a case of pyæmia in a physician of this city recently under his care, which began with a carbuncle upon the face. The patient is now, after seven weeks illness, making a tedious convalescence.

Dr. McKew said that in his first case there were occasional profuse sweats through the day without cause.

Dr. Williams said there was no treatment in this disease equal to cinchona. He was inclined to adopt the term typho-malarial. There are no symptoms of typhoid fever except the adynamia. At times it exhibits remittent features, which establish its malarial connection. Malarial fever is apt to prevail moreover in the same neighborhood. He had never observed any of the signs of enteric fever. There is great nausea at times. There is no better name than typho-malarial. Typh-fever does not cover it, does not express the malarial element. He referred to the case of Dr. C. Johnston, which had improved under hypodermic injections of quinine.

Dr. McKew in reply said there were no prodromata of typhoid fever. The thermometer bears no relation to the pulse. The term typho-malarial had been used to designate every sort of disease from yellow fever down. This disease is not arrested with quinine as typho-malarial fever is. On the contrary quinine is ill borne; that it lowers temperature does not prove the disease malarial, for it will do this in any fever. He thinks the term "simple continued fever" the best for the present,

Dr. Van Bibber had seen a good deal of the disease described by Dr. McKew. All those affected whom he had attended or heard of until now used large quantities of milk. In the case of a lady who was very ill with it, he got Prof. Wilson to examine the milk she had been using, and the analysis showed a very bad state of things. Dr. Johnston had used milk in considerable quantity for a long time. In all the

cases he had attended, the temperature was higher in the evening than in the morning. The course of the disease is protracted, and not appreciably affected by quinine given in small, or large doses.

Dr. Evans thinks there is not such a thing as "typho-malarial fever;" we heard nothing of it till Woodward wrote of it.

In answer to a question by the President, *Dr Williams* stated that the patient whom he had reported at the last meeting as suffering from general cutaneous itching had been very much relieved by an ointment composed of choral, camphor and simple cerate, and internally codeia gr. ½ ter die. The latter produced a better effect as an anodyne than anything he had ever tried. It is very insoluble and should be combined with alcohol, sufficient to make a solution. It produces no nausea, headache or dryness of skin. The hyperæsthesia which was of four to six weeks duration had been almost entirely relieved by this treatment, and nothing else had afforded any relief. He never met a case which embarrassed him so much.

Dr. Evans said the case just reported was one of eczema. This disease is not always accompanied by an eruption; in support of which he quoted Dr. Buckley of New York, who in a discussion of the subject recommended the very ointment Dr. W. had used, and which the speaker had himself employed with great success in such cases of simple itching of the skin.

Dr. H. P. C. Wilson read a paper upon inversion of the uterus. This is a rare misplacement and often overlooked; it sometimes is confounded with "falling of the womb," a term which popularly embraces all malpositions of the uterus. He reported at length the case already briefly adverted to at a previous meeting (see MD. MED. JOURN. for July. 1878). The following particulars, not mentioned in that report are here given: The patient was aged 19; she had her first child in 1876, a second in 1877. A few minutes after the birth of her second child, the labor being natural and easy, the attendant exercised moderate pressure over the abdomen and pulled upon the cord, wherupon a mass came out which he took to be a procident uterus. She came under Dr. W's treatment six months after her confinement; she was then confined to bed with pains about lower part of the back and abdomen and nearly constant hæmorrhage. On digital examination a tumor was discovered just within the vulva of a dense consistence and exactly resembling a pediculated fibroid of the interior of the uterus. This was excluded by the evident connection of her trouble with her last labor and the inability to pass a uterine

sound. After the operation the interior of the womb was mopped out regularly every other day for a few days, with Monsell's solution and glycerine as an antiseptic followed by Churchill's tincture of iodine three or four times. Subsequently a tendency to retroversion manifesting itself, a Hodge's pessary was introduced.

The rarity of this affection may be realized by the statement that but one case occurred at the Rotunda Hospital, in Dublin in 190.000 labors. It is most commonly due to traction upon the cord. Reduction is easy if undertaken at once, but if neglected, may become impossible. It may also be due to adherent placenta to relaxed state of tissues, and to irregular and partial contractions of the uterus.

Dr. Byrne reports in *N. Y. Med. Journal* for Oct., 1878, a case of partial inversion occurring after the delivery of the placenta, which became complete in spite of every effort to prevent it, and it was only reduced after nine days.

It is sometimes due to a fibroid tumor as in a case recently reported by Dr. T. G. Thomas, in which there was also procidentia of womb, tumor and vagina. Another cause is too great pressure over the relaxed abnominal walls. Digital examination should be made after every labor. Injudicious pulling on the cord causes more cases of inversion than anything else. He never pulls on a placenta unless it is free in the vagina; otherwise the hand should be greased, introduced into the uterus and the placenta peeled off. This manipulation diminishes the tendency to septicæmia, by more thoroughly cleansing the uterine cavity, promotes the uterine contractions and prevents hæmorrhage. He disagrees with Dr. Fordyce Barker, as to the liability of producing laceration by this use of the hand; on the contrary it is free from all danger, and gives as important information as to the condition of the interior of the womb. The duration of the operation reported above was one hour and ten minutes.

Dr. Morris had met with two cases of inversion of the uterus. Reduction is accomplished with great ease if done at once. His first case was observed fifteen years ago. A very experienced midwife had charge of the patient. When summoned he found the uterus outside of the body, and lying on the bed with the placenta attached. He restored it without difficulty after peeling off the placenta. His second case occurred during his residence at the Rotunda Hospital in Dublin. It was an "out case." A student came to him and asked him to go and see a woman who had just been delivered under the care of a midwife. The student had been trying to remove the tumor

formed by the inverted uterus, under the impression that it was an adherent placenta. The woman was collapsed, and the bed and floor were saturated with blood. The true nature of the case was not immediately discovered, but as soon as it was, the uterus was reduced without difficulty. She passed into other hands, and he learned that three or four days afterwards she was given a dose of calomel and jalap which proved fatal. He dwelt upon the danger of mistaking inverted uterus for fibroid.

Dr. Atlee said that he made this mistake, and extirpated the uterus; nevertheless the woman recovered and is living yet.

MEETING HELD DECEMBER 17TH, 1878.

Dr. McSherry reported the result of the use of jaborandi in two cases of dropsy. One was a case of Bright's disease, the other was due to intermittent fever. The latter is now well after four weeks treatment, in which free purgation and cinchona were combined with the jaborandi. The urine in this case was loaded with albumen. In both the jaborandi produced a great deal of oppression, which in the case of the patient with the organic affection, reached such a degree as to compel the disuse of the remedy. He doubts if jaborandi has any advantage over the older methods of treatment, purgatives and diuretics. The "black draught" (composed of senna, manna, and epsom salts), is very efficient in dropsical affections.

Dr. O'Donovan reported a case of the *new* fever discussed at the last meeting. The patient arrived home from a three years residence in Europe, two months ago. He has been sick for the last two weeks and is still under care. During this time the extremes of temperature have been $100\frac{4}{10}°$ and $103\frac{6}{10}$; the pulse has stood pretty constantly at 72, having never risen above this but twice, and then for only a few hours. On the two occasions mentioned it was at 86 and 94 respectively. For the first four or five days very severe darting or shooting pains in the head were complained of, with anorexia; after that no abnormal features were observable except exalted temperature. The mental faculties have been undisturbed, there have been no rose-spots, no abdominal trouble, no hæmorrhage, occasionally a moist skin. Age of patient 22. Normal pulse not known. A good dose of black draught acted mildly, which Dr. O'Donovan observed was very different from what he would have expected in a case of true typhoid fever. The treatment was full doses of quinine. Dr. O'D. especially called attention to the disparity between the pulse

and temperature in this case, the thermometer registering nearly 104° whilst the pulse continued steadily at the normal, 70—72. He confessed that it was a new disease to him.

Dr. Chew likewise remarked upon the disproportion between pulse and temperature, and said it would have been impossible to diagnosticate a febrile condition except by the thermometer. A pulse of 72 and temperature of $103\frac{6}{10}°$ by itself, puts the case out of the category of pythogenic fever, *i. e*, there could have been no lesion of Peyer's patches.

Dr. McKew remarked that the case he reported at the last meeting is progressing favorably.

Dr. Van Bibber exhibited the analysis made by Prof. B. B. Wilson, of milk, which had been used by one of his patients affected with the *new* fever, and to which allusion was made at the last meeting. The analysis states that the milk contained 12 per cent. of water, and "under the microscope showed masses of fat, held *en masse* by mucus, an occasional cast and other matter, which in his judgment renders it unfit for use." The analysis concludes with the statement that the cow or cows from which the milk was procured were "evidently not in perfect health." The sugar and tea used by the patient were likewise analysed and found to be of good quality. Dr. Van Bibber said he advanced no theory as to the cause of the disease, but only gave the fact, that the patient using the milk pronounced impure by Prof. Wilson was affected with the same character of fever as that of Dr. O'Donovan. In considering the cause of this, to him new disease, he was led to suspect the milk (in the absence of other appreciable cause) and especially when he ascertained that five others similarly affected (one being his own son), were large users of milk.

The disease is wanting in typhoid characters, with the single exception of continuance of fever. In its remissions it resembles remittent fever. The temperature never reaches the normal. It rises often to $104\frac{5}{10}$, and continues in the evenings at or near this figure for two or three weeks. The lady using the impure milk is in good circumstances and spent the entire summer in a healthy and elevated locality.

Dr. Steuart read a paper upon Diphtheria, dwelling chiefly upon its nature, causes, and mode of origin. He gave some interesting statistics from the city Health Department, contrasting the points of greatest prevalence of the disease with those of croup.

Dr. Williams confirmed Dr. Steuart's statement as to the greater

prevalence of diphtheria in the west end of the city; and there not near Spring Gardens or the filthiest localities but in new houses, but recently occupied and on solid ground. He mentioned one family living on the south west corner of Harlem Square, in a house built on solid ground, with a sand foundation and in a healthy locality, with the sun shining every day in every room, where five cases occurred, three of these being malignant, and one dying. Dr. Whitridge has had two cases since near by. None of his cases occurred this side of Chatsworth street.

As to the origin of diphtheria: The bacterian theory of Oertel is not proven, as if so, the disease ought to be more violent in proportion to the extent of the disease in the throat. *His* worst cases had little or no local trouble. It is the rarest thing to find the throat complained of in the beginning; on the contrary the patients say nothing is wrong there, nor on examination can anything abnormal be seen. The presence of bacteria in the effusion is not a convincing proof of their causative agency since they are found elsewhere. He cited the cases in his own household, embracing three of his children, their nurse and himself; of these two of the children had not the slightest trace of local trouble at any time, and but for the undoubted prevalence of the disease in the others at the same time, with a similarity of general symptoms, the diagnosis of diphtheria could not have been made. In the other child, the nurse and himself the local throat symptoms were marked and severe.

If the disease be local in origin, local treatment promptly instituted ought to be sufficient to check it, yet it seems to be useless. The caustic applications once used withered up the membrane, but had no effect upon the disease. Bad cases die either before the membrane forms or else from laryngeal implication.

Dr. Steuart thought Dr. Williams lost sight of one point, viz: that the lodgement of bacteria, or whatever the morbid material was which floated in the atmosphere, might in being inhaled find lodgement at other points than the throat, as the bronchi or air cells; and in this event the development and course of the disease would be free from throat trouble. Hence the physician might be thrown off his guard until other cases subsequently enlightened him.

Dr. Williams replied that in this case we would have respiratory troubles of a very grave character embarrassing respiration, as capillary bronchitis before we saw the membrane in the pharynx. The fact, however, is that we do not have respiratory troubles at first, but

extreme prostration. The nervous system seems to be the first to suffer. We find the disease ushered in by intense headache and backache (the latter only equalled by its intensity in small-pox) together with pain in the legs.

Dr. H. P. C. Wilson agrees with Dr. Williams that there is very little local disturbance of the throat in many bad cases; and related in proof of this, a case of a child hitherto treated by homœopathists, who was turned over to him in a dying condition, and in whose throat there was very slight deposit, just enough for diagnosis. In connection with the greater prevalence of the disease in the north-western part of the city, as shown by Dr. Steuart's statistics, he remarked upon a most offensive odor in that quarter, which he had observed in his round of visits, and resembling that which is emitted when water-closets are being cleaned. It was especially offensive in the vicinity of the corner of Lexington and Schroeder streets, and the residents there say they have observed it and talked of it for several weeks. He had also noticed it in other localities.

Diptheria is a blood poison, and arises in the majority of cases from some impurities about, or within the dwellings. Defects in construction or management of the water-closets, are a chief source of the poison. In many of the new houses in the north-western section of the city, the closets (from motives of convenience) are placed in unusual proximity to chambers and sleeping-rooms. He regards the connection of water-pipes with privy-pipes, as causing a most deadly influence on the inmates of any house. This is particularly to be met with in modern houses built for economy. There should be legal enactment against it. Also privies may be so used as to allow escape of sewer-gas, as when the handle is raised and only partially or not at all depressed again. We may lose many cases without a sign of trouble about the throat, and here we can only make our diagnosis upon the occurrence of other cases with more evident symptoms.

Dr. Chew said that the possible and indeed probable explanation of cases reported to have occurred without local manifestations was that these had occurred elsewhere than in the pharynx and larynx, and been overlooked. Three weeks ago the Assistant Physician at the Baltimore Infirmary, was attacked with unmistakable diphtheritic, sore throat, and the nurse who attended him was similarly affected. His colleague, Dr. Howard, performed the operation of incising the cervix uteri, and a diphtheritic deposit occurred upon the surfaces of the wound. Dr. Tiffany performed the operation of lithotomy and a

diphtheritic membrane likewise appeared upon the margins of the incision.* These cases all occurred successively at the Baltimore Infirmary.

Dr. Eyster (who resides in the west end), had observed a very strong odor of sewer gas on Baltimore street, between Mount and Carey, and on Fayette and Lexington Streets, near Schroeder. There had been a prompt appearance of membrane in the throat in all the cases of diphtheria he had witnessed. In a case of scarlatina, the scratch on the hand from a pin was followed by a diphtheritic deposit on the little wound. He had not been able to discover defective sanitary arrangements in houses where he had attended diphtheritic cases. A family moved into a house where there had been three fatal cases of diphtheria; no case of this disease appeared in it but the effect was shown by sickliness of the members.

Dr. Van Bibber thought the offensive odor referred to might be due to burning oyster shells.

Dr. *Buckler* said the city was surrounded by railroad depots, where the ashes from the engines are thrown into pits, then water poured on them to put them out. The result is sulphuretted-hydrogen steam, which is perceptible at all the depots and is blown by the wind to a distance of several squares. This became such an annoyance to the residents on Calvert street, that they were compelled to apply to the authorities to have the ashes emptied outside the city. He disagreed with Dr. Wilson as to the frequency of the connection of the pipes from wash-stands and bath-tubs with privies; and had not found such to be the case in any houses where he had had cases of diphtheria.

Dr. H. P. C. Wilson disclaimed the opinion that the odor from privies was the only cause of diphtheria, but alluded to a case where two children died of the disease in the family of a well-known and wealthy citizen, where the connection spoken of above certainly existed and seemed to be clearly the source of the contagium. The privy-odor is observable on entering many houses, even among the better class of inhabitants.

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*Dr. Tiffany gives the following particulars of this case: The patient was a child. It had recovered from the operation sufficiently to be up and about when there was a sudden rise of temperature (103°,) pulse (160), and respiration (44), followed by the appearance of the deposit on one lip of the wound. There was no chill and less depression than in ordinary diptheria. For three or four days the febrile excitement continued, the pulse and temperature being always higher in the evenings than mornings. The deposit faded away on the side first affected, and reappeared upon the other lip of the wound. Convalescence was very much retarded by this complication.

Dr. McKew thought too narrow a view was taken as to the etiology of the disease under discussion. Those engaged in cleaning privies are as a class healthy and not more prone to it than others. The odor spoken of prevails in his locality (southern section) without appreciably affecting health. He does not regard it as entirely or even chiefly due to emanations from privies.

EUGENE F. CORDELL, M. D.,
Reporting Secretary.

SELECTIONS.

DR. M. S. FRENCH, of Philadelphia, writes as follows to the Cincinnati *Lancet and Clinic*:

Appreciating how very important it is to be able to judge intelligently as to the merits of the different coated pills offered by the many manufacturers, it occurred to me that a resumé of some recent investigations into their solubility, might interest your readers. In addition to the coatings applied to pills prepared extemporaneously, there are four styles of pills largely manufactured and prescribed by medical men.

These are the gelatine-coated, sugar-coated, soluble-coated and the compressed pill. The coating of the gelatine pill, I understand, is prepared from gelatine, with a small quantity of saccharine matter, and presenting, when carefully prepared, an attractive pill, entirely free from taste of drug, and naturally a favorite with the patient.

The sugar-coated pill is equally attractive to the taste, and certainly offers a valuable mode of administration for many remedies.

There has been a great advance within the last few years in the mode of their preparation, and I am told that many of the objections that previously were well founded against their use have been overcome.

Great care is now exercised not to leave them in the drying room any longer than is necessary to dry the exterior of the pill.

The sugar coating applied is much thinner, and less gum or resin is used.

The next form of coating that I have examined is the soluble coating. The Messrs. Schieffelin & Co., of New York, who prepare and manufacture the soluble-coated pills, kindly showed me the process from the mixing of the mass to the finishing of the pill, satisfied me that where an immediate effect was necessary their claims for advantage over other forms of coated pills were well founded.

One very marked advantage being that they are coated with so thin a surface as to be perfectly transparent, the color of the mass being as apparent and well defined as if there was no coating upon them, yet the taste of the drug is not perceived when given. Upon placing one of these pills in the mouth the coating was very quickly dissolved, thus showing how very soluble it was.

The manufacturers of the soluble pills claim great exactness and care in the minute division of such drugs as morphia, strychnia and phosphorus, but as my investigations did not extend into the respective merits or advantages of the different pills, I have given it no attention, confining myself simply to the question of speedy solubility of coating.

One of the most difficult pills to prepare satisfactorily and to remain unchanged for an indefinite time, is the phosphorus pill. I cut open some of the phosphorus pills that Messrs. Schieffelin & Co., told me had been made for a considerable time, and found them soft, luminous when rubbed, and in every respect, as far as I could judge, in quite as good condition as though they had been made but a few days.

Several years ago I made some experiments with these pills; dissolving them in water. Upon the bottle, containing the water in which two had been dissolved, being placed in the dark, the liquid became luminous and when the stopper was withdrawn the phosphor fumes were distinctly perceived. The same experiment was also tried by Mr. Clark, of Schieffelin & Co., who informed me he had also obtained like results.

Their quinine pills, which had been made for some time, I found upon cutting open, to be soft, and in every respect, I should judge, as easily dissolved as an uncoated pill just made; but if you will pardon the repetition, I will again say that being a per-

sistent advocate for the administration of medicines in solution, where rapidity of action is desired, it would be better to administer quinine in solution, if possible, but if the practitioner thinks it necessary to give in pill form, he should only prescribe the bisulphate.

The coating of these soluble pills is so quickly dissipated by the moisture of the mouth that I should be inclined to recommend them in preference, but prefer that your readers should test the matter for themselves as the time and trouble necessary is little. In regard to compressed pills, they are uncoated. When the patient does not object to the taste they are unexceptionable, but when our patients refuse to take uncoated pills we must substitute one that is coated, one whose taste will not be complained of. We should always be certain that the pill we substitute is one whose coating will be dissolved quickly in the stomach, so that the mass will be fully exposed to the gastric juice. Compressed pills are prepared from the dry powder, and their shape admits of their being swallowed more readily, I think, than either the round or spherical pill.

For such medicines as chlorate of potash, muriate of ammonia and nitrate of potash, where a topical influence is of more importance than a constitutional effect, they no doubt possess advantages over any other form of pills on account of being free from an excipient and acting directly upon the mucous membranes. The absence of any excipient in the compressed pill, which is usually a necessity in all other pills, is not only an advantage in such medicines as chlorate of potash, by which you are able to order their being dissolved in the mouth acting by direct contact upon the mucous membranes, really being a continuous gargle, but will also be found extremely convenient for bromide of potassium, as the patient can carry the pills without danger.

The great objection to the taste in medicines that are intended to be swallowed is always urged against the use of compressed pills, by our patients, and there is no questioning the fact that we must yield to a certain extent to these objections, so strongly are invalids influenced by their feelings; yet notwithstanding this I

am convinced that where a direct surface action is desired, as upon the mucous membranes of the mouth and throat, they are to be preferred.

Cascara Sagrado.—We know the profession has many members who are skeptical regarding the curative properties of medicines, and we content ourselves by the reflection that this class belongs entirely to those who have a limited knowledge of the science of medicine. The fault often lies in a lack of ability to correctly diagnose disease, and consequently failure to apply the proper remedial agent. It would be well enough for those who are skeptical regarding the curative properties of cascara sagrado in constipation to first carefully study the courses of the affection they seek to relieve. It seems useless to enumerate the many influences acting to bring about functional disturbance of the digestive organs which result in constipation. A careful study and investigation of the peculiar mode of living, the various occupations, the vicissitudes of life, cause us to cease to wonder at the prevalent deranged and altered intestinal secretions and torpidity of the liver. Inactivity of the intestinal glands, the many forms of nervous derangement, the pernicious habit of neglecting the daily call of nature to evacuate the bowels, and many other causes might be enumerated, but they readily occur to the careful and inquiring practitioner of medicine. A search for the cause of the trouble, its removal when found, followed by the administration of proper remedial agents, and there need be little trouble in bringing about a normal alvine evacuation.

I was induced to try cascara sagrado in a number of troublesome cases, and promised to report to the *New Preparations* the result of the trial. I have now for nearly a year used this agent in constipation of the bowels ranging from the most mild to the most chronic and obstinate types with the most satisfactory results. I have yet to note the first case of failure either in relieving or curing the trouble. The requested report coming from each individual case warrants me in pronouncing cascara sagrado a specific in constipation and a potent agent in functional inertia of the bowels. Its tonic effect on the gastro-intestinal mucous

membranes and its stimulating influence on the branches of the sympathetic supplying the stomach and bowels are truly wonderful.

I have found the following a most potent combination:

℞. Fl. ext. cascara sagrado,
Syr. simplex, āā ℥ij.
Fl. ex. belladonnæ,
Fl. ex. ignatiæ, āā. ℥j.

Mix. Sig. Teaspoonful three or four times a day.

In simple constipation I found that cascara sagrado in twenty to forty-drop doses, combined with syrup, three or four times a day and continued for some time, acted not only as a relieving but as a curative agent. When used for a few days and then omitted for a short time and then begun again, I found the curative action was more manifest.

Its being so pleasant to take makes it a favorite with children. I could give a large number of individual cases with history, symptoms and result of treatment, but regarding it entirely unnecessary, I will content myself by affirming that after using it thoroughly and intelligently all will regard it as almost if not entirely a specific remedy.—Dr. S. W. Fowler, in *New Preparations.*

Removal of a Pessary Firmly Imbedded in Mucous and Fibrous Tissue.—By Franklin B. Smith, M. D., Frederick, Maryland. It is an every-day occurrence for a practitioner to be called upon for the relief of uterine trouble, to apply a pessary and leave the patient go her way without caution or instruction, maybe never to be seen by the same madical man again. One of the injurious consequences of this practice is well exemplified in the following case which lately came under my charge, and which for its practical teachings deserves publication:

M. D., a woman ætat. 35 years, was compelled to stop work on November 1, 1878. On the 20th, being called, she was found suffering with the following symptoms: Dragging and sense of weight in the pelvis, inability to do hard work or to walk any distance without provoking colicky pains in the abdomen, difficulty and pain in micturition. On examination the uterus was

found prolapsed, the os appearing at the vulva, while encircling the uterine globe opposite the pubes appeared a firm, hard, constricting band of mucous membrane projecting from the vaginal walls. This was the case anteriorly and on the sides, but upon being traced back ended in the free surface of a retroversion pessary. The uterus was now with some difficulty pushed above this and a more careful examination made. The whole anterior and lateral portions of the pessary were covered with or embedded in the mucous membrane of the vagina, and resisted any movement.

As the pessary had moved somewhat from its original position, had lost its use and prevented any treatment for the prolapse so long as it remained, I decided to remove it.

On November 21st I cut off the posterior portion of the pessary, by means of a pair of bone-pliers, in the vain hope of being able then to withdraw the remainder by simple traction on one of its ends, but in this I was disappointed. The pessary opposite the pubes was deeply and firmly embedded, not in mucous, but in fibrous tissue, nor could it be moved the slightest particle. A bivalve speculum was then introduced, and in it I held a laryngoscopic mirror; then with a lancet, the fleam of which was at a right angle to the handle and stem, cut directly down upon the pessary, rotating the interspace between the valves as I cut. In this way I succeeded in exposing the pessary throughout its whole extent, except just at the pubes, where the anterior portion of the pessary (an Albert Smith's) was so deeply embedded as to resist all the force I could in this disadvantageous manner bring to bear upon it. The patient being tired and worried out with the pain, and considerable time having been expended, I desisted, determing to resume under ether the following day.

On the 22nd, with the assistance of Dr. Charles Smith, after the patient had been anæsthetized, while one of the ends of the portion remaining was firmly held by means of a sequestrum forceps, I carried the lancet guarded by my fingers into the vagina until it rested upon the resisting bands. These, after some difficulty, were severed, when, after some traction, the anterior portion was removed. The instrument proved to be an Albert Smith

hard rubber retroversion pessary, remodelled by lengthening at the expense of its width. It was the anterior portion which had first caused the ulceration and subsequent embedment. The only history obtained was that four years ago she had suffered with "womb disease," had applied to a physician for relief, had been relieved, and had suffered but very little from that time until lately. The patient did well, and subsequently was treated for the prolapse.—*N. Y. Med. Record.*

Salicylic Acid in Scarlet Fever and Diphtheria.—It may be interesting to some of our readers to know that in salicylic acid we have one of the most reliable remedies in the treatment of scarlet fever and diphtheria. For the last three years I have used, with unvarying success, the salicylic acid suspended in mucilage in both mild and severe forms of scarlet fever, and have seen the throat-symptoms and fever rapidly abate, and the patients make rapid recoveries. On being called to a case, I have given doses varying from five to ten grains every two hours, until the throat-symptoms and fever abated, and find that little patients, for whom we can do so little, when obliged to use the mop or brush to the throat, experience no inconvenience in taking this medicine, which, being simply in a state of suspension has a chance of, at least a portion of it, remaining on the throat and so acting as a topical remedy, whilst the remainder acts as an invaluable anti-pyretic.

The success in cases of scarlet fever has led me to try the same remedy for diphtheria; and I am happy to say, that, in the most virulent cases of diphtheria, I have seen the pellicle broken up and the diphtheritic patch removed in a most marvelous manner. Indeed, since the use of salicylic acid in diphtheria, I have not seen one fatal case, although several were of a very dangerous type. It is but fair to say that, in diphtheria, my mode of action is giving the salicylic every four hours, and tinctura ferri perchloridi (P. B.) alternately with it. Some may probably say, "How do you prove that it is salicylic acid which removes the patch, when you use iron also?" My answer is, that at first, I trusted solely to salicylic acid, and found, in mild cases, that it

answered every purpose; but, that, in more severe cases, accompanied with much debility, there seemed to be a tendency to return of the disease on discontinuing the remedy, I was thus led to use the iron, alternately with the acid, as a blood-restorer. To prove that iron was not the sole active agent in the cure, I can but point to the many failures of iron as a local application in the past treatment of diphtheria; whereas, with the salicylic treatment, I have not known one single case of the pellicle spreading under its use.

I append the form I use:

℞

Acidi Salicylici,	ʒi vel. ʒij
Syrupi Simplicis,	ʒ iv.
Mucilaginis Tragac,	ʒi.
Tinctura Aurantii,	ʒiv.
Aquæ, q. s. ad.,	ʒvi.

Fiat Mistura,

Capiat, ʒiv, 2 dis horis.—*Hospital Gaz. and Arch. Clin. Surg.*

German Treatment of Croup and Diphtheria.—The following treatment of croup and diphtheria is advocated by Dr. Taube, in the *Deutsche Zeitschrift fur Prakt. Medicin*, September, 1878. An ordinary inhaler is to be taken, full of water, into which is to be put each time it is used fifteen drops of the oil of turpentine. The child should be wrapped in a sheet and placed on the mother's lap, while another person holds the apparatus for eight or ten minutes, about three inches from its mouth. It is as well to grease the child's face and to protect the eyes with a cloth. At first the inhalation should be practiced every hour, day and night, the favorable result of which will soon be apparent. With regard to the carbolic acid injection, it should be made into the submucous tissue, half the contents of an ordinary hypodermic syringe, containing a weak solution of the acid (3 to 1000) being injected two or three times a day into the tonsils. Subject to certain modifications, as the case may require. Taube would recommend the following plan: 1. Hourly inhalations of the oil of

turpentine throughout the day and night. 2. Injection of carbolic acid two or three times a day. 3. From one to two teaspoonfuls of Port wine or Madeira, to be given every hour; cold compress to the neck; two or three times a day a warm bath with the cold affusion; and small doses of the infusion of digitalis, to which a little benzonic acid is added. The nourishment should consist of eggs and milk only. Constipation is to be met with linseed oil, and for the separation of the false membrane, sulphate of copper, or tacheotomy, with turpentine inhalations through and above the canula.—*Med. and Surg. Reporter.*

Obstinate Vomiting Cured by Meat-Pancreas Injections.—In the case of a woman, forty-eight years of age, suffering from an abdominal aneurism, the vomiting was so persistent that the patient was unable to retain even a mouthful of water on her stomach. Dr. Düring, of Westhofen, under whose care she was, finally had recourse to Leube's nutritive clysters. Every day 1⅔ oz. of meat and ½ oz. of pancreas were chopped up very fine and mixed with warm water, until the compound had the consistency of a thin pap; half of this was injected into the rectum in the morning, and the other half in the evening, the clyster being retained each time for from eight to ten hours. The nutrition of the patient soon began to show signs of a slow improvement. After three weeks she was able to take a little milk by the mouth, but as the quantity thus taken did not exceed four tablespoonfuls per diem for several weeks, the progressive improvement could only be ascribed to the injections. After ten weeks the patient was so far improved that the clysters were discontinued. The gradual improvement in stomach digestion was accompanied by a progressive diminution in the size of the tumor.—*Med. Chir. Rundschau.—Med. Record.*

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BALTIMORE, FEBRUARY 1st, 1879.

EDITORIAL.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.—The time is drawing near for the next annual meeting of the State Faculty. We would remind the chairmen of the different sections of the importance of an early organization of the sections and of the necessity of assigning each member his proportionate share of the work requisite to make the report of the sections complete. The interest and value of these yearly meetings of the State Faculty are, in large part, due to the character of the reports of the different sections, and to the interest manifested by the members of the sections in contributing individual reports supplementary to those prepared by the chairmen. The volume of transactions for the year 1878, was a most valuable contribution to the literature of the profession of Maryland. Its value was due to the care and interest manifested by the members of the Faculty in the preparation and presentation of reports and original papers. As a volume, it is alike creditable to the individual contributors and to the Faculty which issued it. As a state contribution it compared favorably with any volume of State Transactions, which was received at this office during the past year, and, in many respects, surpassed volumes issued by State Societies numbering far more members.

We have in Maryland the material for a large and useful State Faculty. We would urge the profession throughout the State to identify themselves with this State organization. Every member of the profession in Maryland, in good standing, should be a member of the Medical and Chirurgical Faculty, and should contribute to the usefulness and efficiency of a society which seeks to elevate and benefit the profession in this State.

DEATH OF PROF. THOS. R. BROWN, M. D.—The medical profession of Baltimore is again called upon to mourn the loss of one of its most esteemed members.

Prof. Thos. R. Brown, M. D., died at his residence in this city on the 26th of January, after a brief illness, at the early age of thirty-four years.

Devoted to his profession and untiring in its study he had made a proud record for himself, in this city and elsewhere, and gave great promise of yet further achievements and usefulness.

Kind of heart and attractive in manners, he had won many friends, in and out of the profession, all of whom feel keenly the severe loss which his unexpected death entails.

It is with no small degree of pain that we make this announcement, for he was known and liked of all professional men in this city, and they will all join with us in deploring his death and honoring his memory as well as in sympathising with bereaved friends and relatives.

One of his colleagues, and an intimate personal friend, in the college of Physicians and Surgeons, will kindly grant our request for a sketch of his life which, owing to sickness and death in his own family, he is unable to prepare in time for publication in this number of the JOURNAL, but which will appear in the March number.

THE PLAGUE, which is now raging in Europe with fearful violence, has caused considerable anxiety and alarm, and in Russia vigorous efforts are being made to prevent its spread. In a recent cablegram it is announced that acting under the advice of his physician, Professor Botkin, the Czar contemplates the burning of Wetianka and other villages where the epidemic has broken out together with all the furniture in them, and the removal of the inhabitants to healthy places.

Recent advices state that the disease has extended to the North and East of Russia from the Caspian Sea along the Volga. The terror of the inhabitants is so very great that many have fled from their homes, and have caused a wide-spread contagion in neighboring districts. The quarantine laws of Russia are very imperfect, and physicians are poorly supplied, thereby increasing the distressed condition of the people, and rendering the arrest of the epidemic much more difficult. The symptoms of the disease are chill, great prostration, high fever, nausea, vomiting and dizziness. Death generally takes place between the third and fifth days. The mortality is reported as high as ninety per cent.

There is no probability of its introduction into the United States.

WE are pleased to announce that Prof. Richard McSherry, Professor of Principles and Practice of Medicine, in the University of Maryland, has recently prepared a work, under the title of *Health and How to Promote It*, which will very shortly be issued from the press of D. Appleton & Co., New York. Professor McSherry is already well known to the profession as a teacher and writer. He is the author of a book titled "*El Puchero* or a Mixed Dish from Mexico," containing war sketches and sketches of the social and political condition of the people of Mexico, also of a series of essays involving Mexico and Mexican affairs,—early History of Maryland, Hygiene and Homœopathy. We will anxiously await the appearance of this volume, and will predict for it a most favorable reception at the hands of the profession and intelligent public. No one in this city is more competent to instruct

our people in hygiene than Prof. McSherry. As soon as this volume appears we will notice it at length in review.

THE seventy-second annual commencement of the University of Maryland School of Medicine, will be held in the Academy of Music, on Saturday, March 1st, at 12 o'clock M. The address to the graduating class will be delivered by the Rev. Dr. Murkland of this city.

In the evening the annual meeting and banquet will be held, when an address will be delivered by Prof. Donaldson, commemorative of the late Prof. Charles Frick, of the University of Maryland.

The alumni of the school are invited to attend the commencement exercises and the alumni meeting and banquet in the evening.

THE AMERICAN JOURNAL OF OTOLOGY is the title of a quarterly journal issued. for the first time by the publishing house of Wm. Wood & Co., New York, and edited by Clarence J. Blake, M. D., in conjunction with Prof. A. M. Mayer, of Hoboken; Dr. Albert H. Buck and Dr. Samuel Sexton, of New York; Dr. C. H Burnett, of Philadelphia; Dr. J. Orne Green, of Boston and Dr. H. N. Spencer, of St. Louis. Volume 1, No. 1 of this Journal is a most creditable publication, and indicates the high position it will take among scientific publications.

THE election of Resident Physician to the Baltimore Infirmary will take place March 1st. Applicants for the position should apply at once through the Dean or any member of the Faculty. The present incumbent Dr. J. L. Powell has recently been appointed assistant surgeon in the U. S. Army, and we understand will enter upon the duties of his new appointment soon after the 1st of March.

AT A RECENT MEETING OF THE BALTIMORE MEDICAL ASSOCIATION, the following officers were elected for the year 1879: President Dr. John Morris, Vice Presidents Drs. A. Friedenwald and I. E. Atkinson; Corresponding Secretary Dr. W. F. A. Kemp; Treasurer Dr. C. H. Jones; Executive Committee Drs. John Dickson, P. C. Williams and T. S. Latimer.

MISCELLANEY.

THERE has been a great deal written in some of the medical journals concerning several new remedies introduced to the notice of the profession through the manufacturing house of Messrs. Parke, Davis & Co., Detroit. The remedies in question are Yerba Santa, Grindelia Squarrosa, Berberis Aquifolium, Cascara Sagrado, and Yerba Reuma. Of these it has been said that their

names are fictitious, that is, not strictly botanical, and that the professional gentleman (a Dr. Bundy) recommending them to the Detroit firm is not of the regular guild, but an "Eclectic." The accusation was first made by the *Pacific Medical Journal*, and was afterward taken up by several eastern cotemporaries. A great deal more has been made of the matter than there was any occasion for. *Cascara Sagrado*, it strikes us, smells as sweet as its corrected title, Rhamnus Purshiana, besides being much more easy to spell; and it is rather a stretching of ethics to make them cover the origin of the materia medica. Who ever thinks of the ignoble beginning of colchicum, and who is it, suffering from hemorrhoids and wishing to apply pepper sauce thereto, that cares whether or not the Mr. Ward who originated the paste is in perdition for his charlatanry. Of one of the remedies which is attacked, the Cascara Sagrado, we may say that it has won an excellent reputation in this locality. Of the others we are without reports, though we should be glad to receive them. The Messrs. Parke, Davis & Co. bear a most excellent reputation, not only in the commercial world, but with the profession, who can not but admire them for the energy with which they searched the fields for herbs of medicinal value. Personally we are perhaps somewhat tinctured with a "calomel and quinine" conservatism, but for all that we are not going to be kept from wishing our Detroit friends the best of luck in their efforts to extend the materia medica profitably to humanity and to themselves.—*Louisville Med. News.*

Battey's Operation.—An unsuccessful case of this operation is reported by Dr. Prince, of Jacksonville, Ill. The procedure was proposed for the relief of hystero epilepsy, from which the patient had been suffering for eighteen months, and which was gradually destroying her mental balance. The girl was eighteen years of age, and was apparently healthy up to the inception of this trouble. The paroxysms could be partially or completely controlled by pressure of the hand in the iliac region, at first upon the left side, later upon the right. The operation was performed according to Battey's original plan, by an incision through

the vagina. The ovaries were brought down without any difficulty, and their attachments divided by the galvano-cautery; no bleeding following. Immediately after the operation the patient was put sufficiently under the influence of opium to control the spasmodic manifestations. Next morning there was vomiting, which appeared again in the evening, this time of a spinach green color; pulse 140, temp. 101½°; morphia continued. On the third day, temp. in axilla 106°, in rectum 108°; pulse 160; breathing stertorous; eyes divergent; unconscious. She died towards the end of the fourth day. At the autopsy only the abdomen and pelvis were examined. "There existed about an ounce of blood coagulum (without odor) in the pelvis. There were no indications of pus or false membrane, and no coloration as would occur from inflammation. The incision in the vagina had healed by first intention. The death was, therefore, neither by inflammation nor by poisoning, but probably by the exhaustion of a hystero-epileptic acmé."—*The Obstetric Gazette*, December, 1878.

T. Redwood, Ph. D.—Professor of Chemistry and Pharmacy to the Pharmaceutical Society of Great Britain says: I have examined the Extract of Malt manufactured by the "Trommer Extract of Malt Company," and judging from its physical characters and chemical reactions, I am of opinion that it fairly represents what its name indicates, that is, that it is a preparation of Malt in which are contained the essential properties of that substance, with a slight addition of Aromatic Bitter of the Hop. It has the character of a soft Extract, in the sense in which that term is used pharmaceutically, and it has evidently been prepared with great care and judgment, as it retains the property of acting on amylaceous bodies, as Diastase does, while the Extract itself bears long keeping without change.

It also possesses the property of forming with Cod Liver Oil, a permanent Mixture or Emulsion, in which the taste of the Oil is very effectually covered, and its administration thus greatly facilitated.

Periodical Literature.—"I have spoken of the importance and predominence of periodical literature, and have attempted to do justice to its value. But the almost exclusive reading of it is not without its dangers. The journals contain much that is crude and unsound; the presumption, it might be maintained, is against their novelties, unless they come from observers of established credit. Yet I have known a practitioner—perhaps more than one—who was as much under the dominant influence of the last article he read in his favorite medical journal as a milliner under the sway of the last fashion-plate. The difference between green and seasoned knowledge is very great, and such practitioners never hold long enough to any of their knowledge to get it seasoned." Dr. O. W. Holmes, *in Dedicatory Address*.

Saliva and the Digestion of Starch.—Dr. R. M. Smith, in a lecture on experimental physiology, at the University of Pennsylvania, showed that the gastric juice only suspended the action of saliva in changing starch to sugar, the action being resumed when the acidity is neutralized by the intestinal juices. He showed also that while caustic alkalies destroy the catalytic action of saliva, the weaker alkalies only suspend it. This proves the rationality of giving these alkalies in acidity of the stomach or mouth. It gives a better chance for the digestion of amylaceous foods.—*Med. and Surg. Reporter.*

A New Chair in the Medical School of the University of Pennsylvania.—The trustees have just created a chair of "The Anatomy and Surgery of the Joints" in the Medical Department of the University of Pennsylvania. Among a number of candidates, Dr. Charles B. Naucrede, one of the physicians to the Episcopal Hospital, seems to be the one most likely to receive the appointment.

The Dry Suture.—Dr. John H. Packard recommends this in closing long wounds. He uses strips of Seabury & Johnson's porous plaster two and a half inches wide and the length of the

wound. These are applied on each side of the incision, and then the sides laced together, using the holes in the porous plaster.—*Phil. Med. Times.*

THE village of Atlanta, Georgia, finds itself possessed of more medical talent than can be accommodated in one medical college. A charter for a new college has consequently been sought, and will doubtless be soon granted.—*Clinic.*

OBITUARY RECORD.

PROF. LANDON R. LONGWORTH, Professor of anatomy in the medical college of Ohio, died in Cincinnati January 14th, of pneumonia, at the early age of 31 years. The *Cincinnati Lancet and Clinic* speaks of him in the following complimentary language:

Dr. Longworth was a many-sided man. It is doubtful whether he had his equal in general culture within the limits of the city or state. In metaphysics he was learned long before he left school; in chemistry he ranked among the highest here; as an electrician he was perhaps unequaled among local scientists; as a micro-photographer he was quite as successful as Dr. Woodward, to whom he went in the vain hope of acquiring more than he already knew; a large knowledge of mathematics was ever at his disposal when his inventions and improvements in photographing apparatus made such a knowledge useful; English, German, French and Italian were languages whose literary treasures he knew, and which came from his lips with fluency and grace when he desired to use them in conversation. His knowledge of the fine art was wide, his judgment on them erudite, and his taste refined.

Perhaps there are no lectures on anatomy now delivered in the educational institutions of the world so successfully illustrated as were his by means of an apparatus largely invented and remodeled by himself. It is not long ago that a celebrated German traveler and scientist, visited his lecture room for the purpose of

examining his methods and describing its results for the benefit of Prof. Rindfleisch, an anatomist of Munich, whose fame is world-wide. He was delighted beyond measure, and it is not at all unlikely that the young American will soon have provided the celebrated German with a means for successfully illustrating his lectures. Dr. Longworth's efforts in behalf of the electric light would also, doubtless, have resulted in much good had he lived to prosecute his investigations to a close. He used it in place of the calcium light in his lectures with great success.

At a Regular Meeting of the Baltimore Medical and Surgical Society the following resolutions were unanimously adopted:

Whereas, It has pleased an All-wise Providence to remove our esteemed President

DR. T. R. BROWN.

Resolved, That in the death of Dr. Brown this Society has sustained an irreparable loss. That as physician and surgeon we recognize him as having held the first place amongst us, and mourn his departure as the loss of a brother dearly beloved.

That as an illustrious instance of perseverance in the study of his profession we emulate his example, and in his death we are deprived of one whose advice matured by careful observation was always kindly given and always reliable.

Resolved, That a copy of these resolutions be engrossed and presented to his family and also recorded in full on our Journal.

THOS. B. EVANS, M. D.,
J. A. WHITE, M. D.,
J. W. P. BATES, M. D. } Committee.

Prof. John B. Biddle, Professor of materia medica in the Jefferson Medical College, Philadelphia, dean of the college faculty, died in that city on January 19th.

Prof. Biddle was born in Philadelphia on the 3rd day of January, 1815. After graduating from St. Mary's College at Baltimore, he entered the medical department of the Pennsylvania University. Upon the completion of his studies there, he visited Paris, and

devoted considerable time to lectures and hospital work in that city.

In 1842, in conjunction with Dr. Meredith Clymer, he started the *Medical Examiner.*

In 1865, Dr. Biddle was elected professor of materia medica in Jefferson College.

He was the author of Biddle's materia medica, a very popular text book among students.

The Venerable Dr. Jacob Bigelow, died in Boston on January 10th, at the ripe age of ninety-one years. He was the oldest member of the Massachusetts Medical Society. He graduated at Harvard, in the class of 1806. His literary work began in 1814, with a work on botany, which became a standard authority. He was mainly instrumental in the establishment of the beautiful Mount Auburn Cemetery which has since been a model for similar burying places throughout the country.

Dr. H. J. Robards, of Williamsboro, Granville County, N. C., died at his home in January, at the age of 65 years.

He graduated at the University of North Carolina, 35 years ago.

He was a good physician, a noble man and an able and useful citizen.

Dr. Anderson S. Elam, died recently at his home in Cleveland County, N. C., at the advanced age of 90 years.

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ORIGINAL PAPERS.

DIFFERENTIATION OF DRUNKENNESS FROM COMA, ETC., ETC.

BY JOHN MORRIS, M. D., OF BALTIMORE.

Read before the Baltimore Medical Association.

The condition of the Police system in England as late as 1871, is thus described in the *Lancet* in an article entitled Drunkenness and Death: "If a poor woman is seized with a fit of apoplexy in the street, the chances are that she will be removed by the policeman to the station-house and shut up in one of the cells to die. This has been repeatedly the fate of persons in such circumstances." Since that time, though the journals have teemed with articles headed "Drunk or Dying," a number of fatal instances of defective diagnosis or cruel neglect have occurred in many of the large cities of Great Britain, notably so in London, Glasgow, Dublin, Manchester and Birmingham. These cases are nearly all of the same character and present the same history. I will quote a description of one which affords a remarkable similarity to that of Mr. Noah Gill in this city, which attracted so much attention a few weeks since. I quote from a medical journal: "An unfortunate case which lately occurred in Dublin bears upon the question of cerebral hæmorrhage versus drunkenness. It appears that a woman was picked up in the street one night last week by a police constable, who found her lying in an insensible condition, and had her removed on a car to Jervis Street Hospital. On arrival, the resident pupil of that institution diag-

nosed it as a case of drunkenness, gave her an emetic and sent her to the police station, with the understanding that if she got worse, she was to be brought back, which was done, but the poor woman died a few hours after admission. An inquest was held by the coroner, when evidence was given that the deceased fell down suddenly whilst walking along apparently sober, and became insensible A post mortem examination showed extensive disease of various viscera (the woman having been of intemperate habits), and extravasation of blood on the brain."

The frequent occurrence of these blunders and the serious reproach they bring on medical men render it necessary that more earnest attention should be paid to the subject than heretofore, and that a higher knowledge should be obtained of the character of the dangers incident to these accidents. Unfortunately drunkenness has not, save in a few instances, been studied as a disease, and consequently the manifestations pertaining to it are very little understood. This ignorance is particularly unfortunate when it is necessary to distinguish between it and brain troubles. I confess that I had very great difficulty myself in my early days in diagnosing the character of sudden invasions of disease in the streets, as well as at the station houses and other places. I wish I could recall all these difficulties, as they would furnish an interesting statement, but, sad to say, I did not realize the importance at that time of keeping a record of all my cases. A few memories, however, remain that may be of service to-night in elucidating the subject.

In starting out in this discussion our first duty will be to enumerate the different conditions which may be mistaken for drunkenness and the symptoms of which it is necessary to bear in mind in forming a diagnosis.

These are :

1. Fracture of the skull.
2. Concussion of the brain.
3. Cerebral hæmorrhage.
4. Embolism and thrombosis.
5. Uræmia from Bright's disease.
6. Epilepsy.

7. Narcotic poisoning.
8. Heat apoplexy.
9. Hysteria.

We will take up these lesions one by one.

In cases of fracture of the skull or where severe or stunning blows have been dealt the greatest difficulty is met with in the diagnosis in the absence of any history of the case, for the reason that the coma in these instances is frequently profound and simulates that of drunkenness. The smell of the breath should never be relied on as a test for many industrious and useful workmen are in the habit of taking a certain amount of liquor during the day. The temperature, the conditon of the pupils, the breathing all should be carefully observed, but the true rule is to keep the patient under close and constant watch until a fixed diagnosis is obtained. It is important also in these cases to look closely for wounds and marks of violence. Mr. Lawson, of Middlesex Hospital, relates an interesting case bearing on this point. "The patient was taken to the police-cell as drunk. He was medically examined, and recovered sufficiently from his apparent drunken semi-consciousness to be able to converse with those about him. After a few hours, however, severe cerebral symptoms came on, and he was transferred to the hospital, where he died on the thirteenth day, from severe laceration of the brain substances; associated with extensive hæmorrhage, and with fracture into the lambdoidal suture. A remarkable point in this case was the absence of paralytic symptoms, considering the severe laceration of the brain. With the exception of loss of power over the sphincters there was no paralysis whatever."

Cerebral hæmorrhage is more frequently mistaken for drunkenness than any other trouble, for the reason that the symptoms are similar in several stages of the two diseases. There is a stage of noisy violence, and uproar in both, and also a condition of complete coma. In ordinary cases of apoplexy we look for paralysis of one side or the other, but this does not always obtain, if the hæmorrhage be into the pons or lateral ventricle. We have convulsions in both diseases, but usually they are more severe on one side of the body in apoplexy. The state of the

pupils cannot always be relied on as a differential test although squinting as well as conjugate deviation of the eyes is a distinctive mark of apoplexy. Doctor Macewen, of Glasgow, says the ordinary opinion that dilatation of the pupil is found in alcoholic coma is incorrect, but that contraction is the rule. He accidentally discovered, however, that if a patient was shaken or disturbed the pupil dilated, but very soon contracted again. He therefore lays down the rule that an insensible person, who being left undisturbed for from ten to thirty minutes, has contracted pupils which dilate on his being shaken, without any return of consciousness, and then contract again, can be labouring under no other state than alcoholic coma. Strange to say, Doctor Reynolds has witnessed this same phenomena in patients suffering from acute softening. He says in his system of medicine, that he has often raised the lids of patients in this condition and exposed the contracted pupils to the light without arousing them; that there is then no dilatation or change to be observed, but if they be addressed loudly by name, or their toes pinched so that they awake, the pupils instantly dilate. The truth is, that in cerebral hæmorrhage the pupils present no fixed peculiarity. There may be a clot on one side of the brain and yet the pupils appear normal. Their condition may even vary in different cases of the same lesion. Cases of ingravesent apoplexy generally commence with delirium or convulsion and the coma comes on slowly and gradually. These are the cases that are frequently mistaken for drunkenness, provided the smell of alcohol be discovered on the breath of the patient.

Cases of embolism and thrombosis should not be confounded with drunkenness. In embolism the coma is sudden and transient and in thrombosis the paralytic symptoms are so marked that an error can scarcely occur. Fatal cases of sudden coma and paralysis with partial recovery of consciousness and power are met with independent of drunkenness or brain trouble. A remarkable case of this character is reported in the *Lancet*, January 12th, 1878, in which the only lesion found after death was hydatids of the pineal gland, liver and peritoneum. The patient died in thirteen hours from the commencement of the attack. In

cases of coma from uræmia, the diagnosis is not so difficult, inasmuch as we have some well marked points for our guidance. This form of coma is generally preceded by convulsions. The breath has a peculiar unmistakable fetor, and the urine upon examination will be found to contain a large quantity of albumen as well as other deposits indicating kidney disease. Occasionally, however, cerebral hæmorrhage is present along with uræmic poisoning, and this complicates to some extent the diagnosis. Another difficulty in diagnosis is that the urine may become temporarily albuminous from the inordinate use of alcohol. Dr. George Johnson mentions a case of this character which occurred in the practice of his friend Doctor Baxter. A man between twenty and thirty years of age was brought in one night by the police. He was unconscious and breathing stertorously. He appeared to be drunk and a large quantity of vinous liquid was pumped out of his stomach. The unconsciousness continued, and it was then suspected that he might be suffering from uræmic poisoning. This suspicion was confirmed by the fact that his urine drawn off by a catheter was loaded with albumen. He was then put into bed, cupped over the loins, and a purgative was given. When Doctor Baxter visited the ward the following morning, he found the man up and dressed, and clamoring for his discharge. He said that he had been very drunk over night, but now he had nothing the matter with him ; and he passed some urine, which was found to be in every respect quite normal. The temporary albuminuria was the result of renal congestion, caused by the excretion of an excess of alcohol through the kidneys."

Epilepsy can generally be diagnosed without much difficulty, though if the patient is not seen during the attack, but only during the profound and prolonged coma which sometimes follows the paroxysm, the case may be mistaken for one of drunkenness. Epileptic coma, however, is usually of short duration, and if the tongue is bitten, or bleeding, or if hæmorrhagic spots be discovered beneath the conjunctiva or skin, all uncertainty with regard to the case will be cleared up.

The coma resulting from the poisoning by opium is very similar to that produced by the administration of large quantities of

alcohol. At one time it was believed that extreme contraction of the pupils was a distinguishing mark of the coma resulting from opium, but this, it is now known, cannot be relied on, inasmuch as the pupils are often found contracted as I have before mentioned in alcoholism, and also, as mentioned by Dr. Wilks, in apoplexy seated in the pons varolii. In the cases of opium poison that I have seen I have always thought that the breathing was much slower than in the coma produced by drunkenness, but in this I may be mistaken. The smell of opium is frequently to be discovered on the breath, particularly if lundanum has been taken, and this becomes an important feature, provided no history can be obtained of the case.

There are many symptoms in severe cases of heat apoplexy which might mislead an inexperienced practitioner and cause him to believe his patient is suffering from the effects of drunkenness. Coma is very often the result of sunstroke and great mental disturbance and outward violence are not infrequent results of aggravated cases. I can remember several instances in which I was in doubt for a time in regard to the origin of the symptoms present in cases which afterwards proved to be heat apoplexy. There is one very simple diagnostic mark in sun stroke, which is never absent, and which will greatly aid us in forming a judgment, it is the intense heat of the head—a heat which is to be found in no other disease, save yellow fever. In the coma of drunkenness this extreme heat is never found, at least, I have not met it in my own experience.

I have seen many cases of hysteria in women which at first puzzled me, inasmuch as the symptoms were similar to those induced by the action of alcohol. These cases are not so much characterized by coma as by a state of excitement and violent demonstration. The phases of hysteria are so varied and the abnormal manifestations of this trouble so curious that the ordinary practitioner may readily mistake neurotic trouble for the effects of alcohol; as on the contrary, he may and does frequently mistake drunkenness for hysteria. The most puzzling cases I have met with are those in which there was a combination of whiskey and hysteria a condition which I may add of the most

delightful character and affording a train of the most original and beautiful manifestations.

The methods of examination in cases of coma may be summarized as follows:

First. An examination of the head and body for fracture of the skull and external injuries.

Second. Examination for hemiplegia, squinting, conjugate deviation or facial paralysis.

Third. Examination of the tongue and mouth.

Fourth. The legs and eyelids should be examined to see if œdema had previously existed.

Fifth. An examination of the urine both for albumen and alcohol.

Sixth. A stomach pump may be used in many cases with great advantage.

Seventh. A history of the attack and its general features should be inquired into if possible. (Had this course been pursued in Mr. Noah Gill's case, much unhappiness would have been spared both his family and our community. He, it may be remembered, interrogated a police officer in an intelligent manner in regard to the way to Mount Hope, walked on the stepping stones across the street, without staggering, and a few minutes afterwards fell, at the corner of an adjoining street, in a state of insensibility. A knowledge of these facts would certainly have excluded a diagnosis of drunkenness, though they might have given rise to the opinion of cerebral hæmorrhage due to an atheromatous condition of the arteries produced by a prolonged indulgence in alcohol).

Eighth. The pupils and breath should both be examined, and the temperature taken, though undue importance as before stated, should not be attached to the evidences afforded by such an examination.

In conclusion, let me particularly dwell on the importance of close attention and watchfulness in all cases of coma supposed to be due to drunkenness. The system heretofore pursued has been most barbarous both in this country and Europe, and is a reproach to our civilization. Dwelling on this subject, Doctor

John Curnow pointedly says: "I must enter a protest against the routine treatment of drunkenness too generally followed, viz, emetics or the stomach pump, cold affusion, flecking the skin with a wet towel, and then the interrupted galvanic current. A patient, having grumbled out a name and perhaps an address, is turned over to a policeman, who speedily consigns him to a cold cell to sleep off his symptoms. It cannot be too often insisted upon that a drunken man is suffering from acute poison and cannot be too closely watched."

All police stations should have a regularly appointed medical officer in charge, and every case of sickness or aggravated case of drunkenness should be placed under his care. Certain instruments and appliances should be constantly at hand and supplied at the public expense such as stomach pump, galvanic battery, hypodermic syringe, test tubes, cupping apparatus, as well as mustard, apomorphia, etc. When these precautions are taken, and when inebriety is added to the list of diseases and its treatment taught in our schools, many lives will be saved and much unhappiness be spared to the community.

PARTIAL RETENTION OF THE PLACENTA AFTER LABOR.

BY B. B. BROWNE, M. D., BALTIMORE, MD.

(Read before the Clinical Society of Baltimore.)

Partial retention of the placenta may be caused by morbid adhesions between the placental and uterine tissues. But more frequently it occurs from a portion of the placenta being inadvertently left behind by the attendant in the delivery of the afterbirth.

A very interesting and instructive specimen of this latter kind was exhibited to the society by Dr. Coskery at the meeting of December 6th. Dr. Coskery made the post mortem in the case, which occurred in the practice of another physician, and found in the uterus a portion of decomposing placenta about six inches

long and three inches wide. Death was supposed to have been caused by peritonitis, and there was no suspicion that there was any retention of the placenta as the uterus had apparently contracted satisfactorily after labor.

The following case of complete retention of the placenta occurred in my practice in 1869:

Mrs. M., about 36 years of age, the mother of several children, was enormously distended before labor, her limbs and face were also much swollen. On June 27, the membranes ruptured, and a very large amount of amniotic fluid was passed, more I think than I have even seen come from any six women; the bed was completely saturated and the floor of the room was covered with water.

She had very weak pains, but in a short time gave birth to still-born twins. There was no hemorrhage although there was complete inertia of the womb. In attempting to remove the placenta, I found that it was impossible to withdraw it. I then introduced my hand into the uterus and with the other hand over the abdomen endeavored to separate the placenta from the uterus, but only succeeded in getting away some few fragments. Although large doses of fluid extract of ergot were given, there was not a particle of contraction in the uterus. Having completely failed to extract it, and thinking that some one else might succeed better than myself, I called on Dr. H. P. C. Wilson, who saw the case with me about ten hours after the birth of the children. For nearly an hour he made every effort to separate the placenta, and finally concluded it could not be done without rupturing the uterus; he then advised that no further effort should be made to remove it, but that we should trust altogether to injections of hot water and carbolic acid into the vagina and uterus, these injections I administered myself two and three times daily, full doses of quinine and opium were given internally. On the fourth day the placenta sloughed off from the uterus, and the patient was glad to get rid of it as quickly as possible. There is perhaps no stench more offensive than that of a placenta that has decomposed in utero. From that time she rapidly improved and had no further trouble.

It is reasonable to believe that in this case the overdistention of the uterus with amniotic fluid caused inertia and paralysis of the muscular structure of the uterus, and thus prevented fatty degeneration from taking place in the placental site.

A very soft placenta is a frequent cause of adhesion, especially if it be thin, of large superficies, so as to be diffused over a considerable portion of the surface of the uterus. The contracting uterus does not readily throw off such a placenta, at least completely. Perhaps a large part may be expelled or withdrawn, and appear to be all; but a portion of a cotyledon remains behind; bleeding and irregular action of the uterus are kept up, until the hand is introduced, and the offending substance removed.

A placenta succenturiata may occur and one lobe of it be left in the uterus. At a distance from the main body of the placenta, perhaps three or four inches or more from the margin, a mass of chorion-villi will be developed into this placental structure, and connected with the main body only by a few vessels. It resembles a lobe or cotyledon which has grown far away from the rest. Such an accidental or supernumerary placenta may very easily remain attached after the main body, which is complete in itself, has been removed, they measure about two or three inches in diameter.

It might be well to mention here the connection that exists between "milk-fever" and retention of portions of the placenta and clots in the uterus. Winckel, Hecker, Grunewaldt, Barker and D'Espine have entirely abolished *milk-fever*, and see in the febrile disturbances which sometimes appear when the function of lactation is being developed, only evidence that the system has absorbed a small dose of septic poison.

As far as my own experience goes, I have never seen a case of milk-fever occur in a patient where I was satisfied that the uterus was completely and throughly emptied and firmly contracted. But I have frequently seen it where clots and coägula remained in the uterus, undergoing decomposition and passing out with the lochia about the second or third day.

The consequences of partial retention of the placenta are; first immediate and second remote.

1. Hemorrhage and spasmodic pain.

2. Decomposition of blood in the cavity of the uterus, and imprisonment of the products, by the placenta blocking up the orifice, constituting physometra. In this condition the uterus sometimes enlarges, becoming tympanitic.

3. Septicæmia, from the absorption of the foul products.

4. Inflammation of the uterus and peritoneum possibly from escape of the products of decomposition by the fallopian tubes into the peritoneal cavity.

5. Acute inflammation of the mammary gland.

The remote effects are:

Sub involution, pelvic abscess, fungous degeneration of the mucous membrane of the uterus, polypi of the cavity and cervix, memorrhagia, the various displacements of the uterus, etc. In regard to the complete disappearance of the placenta by disintegration, liquefaction or absorption there is a general expression of doubt among obstetrical authorities. Barnes says he does not beleive it can be established on good evidence—he says he feels disposed to regard it in the same light as Velpeau regarded "vagitus uterinus" (the crying of the child in utero.) Since men of credit affirm that they have seen it, I believe it; but, if I had seen it myself, I should doubt.

In the *American Journal of Obstetrics*, Vol. x, p. 389, Dr. Trush of Cincinnati relates a very interesting case of retention and absorption of the placenta and in Vol. xi, of the same *Journal*, page 562, he reports that the same patient in her next labor had again complete retention of the placenta which he and another physician were unable to remove.

He found in the right superior angle of the uterus, where the placenta of the first pregnancy had been located, a number of fibrous cords, in a kind of network. He attempted to break them down, but found that they were very strong. He considered them as remnants of the first placenta; the more succulent structures having been removed by absorption, while a few of the most obdurate fibrous trabeculæ withstood this process.

In both of these cases portions of the disintegrated placenta passed with the lochial discharge, which for several days was

very offensive; there was no decided rise of temperature and no indication of septic poisoning.

In looking over the books on obstetrics we find that the same advice has been handed down from one writer to another for the past century. They all say after the child is delivered and the placenta expelled examine carefully the after birth to see if it has all come away and then secure contraction of the uterus. Now as we have already seen there may be two distinct placentæ or a large portion of one may be left behind, and the most careful examination of what has been removed may fail to inform us whether or not any remains.

We are told that meddlesome midwifery is a dangerous thing, that we should leave everything to nature, that any handling or manipulations about the uterus at this time should be avoided, this same doctrine might be applied with as much reason to the surgeon who is called upon to treat a recent injury and who contents himself with examining the foreign substance that he has removed instead of the wound itself, or to the lithotomist who examines the calculus that he has removed instead of the bladder, or to the oculist who merely examines the substance he has removed instead of the eye itself to know whether he has done his full duty.

When secondary hemorrhage comes on, or peritonitis, or mammary abscess occur, or any of diseases to which the puerperal woman is liable, the thought at once presents itself "could it be possible that any portion of the placenta or any clots were left behind in the uterus to cause this trouble?" If we can answer this question with truthful assurance, we are at once relieved of a weight of anxiety, perplexity and doubt. Certainly no one can envy the position of an attendant in a case where placental remains have been expelled after causing dangerous complications, or the fate of one against whom perhaps a suit of mal-practice is brought where the uterus and retained portion of the placenta are presented in court as damaging evidence to his cause.

Although various plans are advised by different obstetric writers, the one known as Credè method accomplishes best the complete expulsion of the placenta and coägula insuring at the

same time firm contraction of the uterus. By manual compression the uterus is forced to cast the placenta by its own efforts. *If now while one hand still grasps the contracting and expelling uterus, the other removes the placenta from the vagina, and then two fingers are introduced into the uterus and while compression is still continued externally the whole interior of the uterus is explored and every clot removed, we find by this means much firmer contractions are secured, hemorrhage is not likely to occur as it is when even a few clots remain; there are rarely any after pains, the lochial discharge ceases much sooner, involution of the uterus goes on more rapidly. Erosions and ulcerations of the cervix are not liable to occur as there is no fœtid and decomposing lochial discharges to bathe these parts. If there is any laceration of the cervix or partial laceration of the perineum they will generally heal without trouble. Sub-involution of the vagina one of the most frequent causes of prolapsus uteri is not liable to occur.*

In concluding this subject I cannot do better than recall to your minds the following extract from Dr. Fordyce Barker's work on the puerperal diseases. He says:

"It is far from the truth to say that partial retention of the placenta always arises from the neglect or ignorance of the medical attendant, for this casualty has occurred in the hands of some of the ablest and most eminent obstetricians, who have reported numerous fatal cases of hemorrhage from this cause. But I cannot impress upon you too strongly, in all cases where the artificial removal of the placenta is required, to exercise the greatest care to remove the whole of it, if this can be accomplished. In some cases of very close and intimate morbid adhesions it may not be possible to accomplish this. But this I will say in unqualified terms, that every physician should know whether or not he has left a portion of the placenta behind, and he is justly censurable when he is ignorant on this point."

AN INAUGURAL ADDRESS DELIVERED BEFORE THE CLINICAL SOCIETY.

BY CHRISTOPHER JOHNSTON, M. D., PROFESSOR OF SURGERY IN THE UNIVERSITY OF MARYLAND.

Gentlemen of the Clinical Society of Baltimore:

In obedience to your call I take my seat as your presiding officer, expressing at the same time very high appreciation of the distinction you have conferred, and venturing upon a few remarks.

Of all the methods of becoming acquainted with disease, the *direct* is confessedly and conspicuously that which presents the most attraction, and offers the greatest advantage. Indeed, so much has this idea occupied the mind of medical teachers that in advanced medicine *Clinical* instruction is more than ever prized, and in modern schools as well as in those which are becoming modernized, the tendency in the teaching of surgery and physic is manifested in that direction. And I need not, in this assembly, point out the benefits accruing, as well to professor as to pupil, from the practicé of the only method by which truth and precision are attained in diagnosis and treatment. If now we add to these practical pathology, as observed at the bedside and in autopsy, the measure of the physician's need is full.

It is this same spirit, not the yearning after a knowledge of disease for itself—after pathology alone—but the desire to know living disease and the means whereby it may be successfully combated, as well as the given history yielded up by the dead-room, which has animated you in establishing the Clinical Society of Baltimore, and which binds all of our efforts in a fasces of strength.

Besides, such coöperative study exercises its broad influence upon the members, and extends through them to their patients; indeed it may well be said that by the furtherance of the objects of this Society, we "strengthen such as do stand; we comfort and help the weak-hearted; we raise up those who fall; and finally beat down (the) Satan (of ignorance) under our feet."

While happily and harmoniously pursuing clinical science to or towards its remotest border let us pause a moment before entering upon the work of another year, and review the many improved and novel resources which have cleared up and straightened paths of labyrynthine intricacy and deviousness, have opened roads where none were before, and have brought confirmation to fortify the older frail edifice of diagnosis.

Imagine, if you can, the arduousness of the task of our grandfathers in medicine—not to recall the embarrassments of more remote ancestors—who sought to determine without the *stethoscope* the nature of cardiac and pulmonary affections, to discriminate between pneumony, pleurisy, peripneumony, and peripneumony notha, and to establish diagnosis upon so firm a basis that all the happy consequences of a certain and intelligent therapy should follow. But we have transformed even the stethoscope; and by extending its stout shaft, solid or hollow, into a filament, we have the telephone, which at long distances, breathes out pathological sighs.

Time was when astute fingers with tactu erudito rated and classified the pulses of the heart, weighed the divers influences of cardiac or vascular disease, or drew inferences as to the disturbing cause, whether inflammation, fever, aneurism, calcification or the cross purposes of inhibitory nerves. But the record of observation was in the memory only, and awakened through recollection no sharp judgment in another mind. The modern sphygmograph not only appreciates metre, rythm and pressure, but it records in speaking tracings which the tablet never forgets, which all judgments may deliberate upon whether associated or separated by distance, and which, for what they tell, are not impaired in truthfulness by time. How life flickers in the undulating lines of typhoid fever, how inflammation graves sharply her cuneiform characters, how aneurism is betrayed by the unequal graphics of the radials. And then the sphygmoscope makes the pulsations, as they occur, apparent to the eye.

From pulse turn we to temperature, to the clinical thermometer, which measures and records the normal, the flagging and the consuming blood-heat; catches the icy chill of death, or mounts

with the fitful fever. But why need I do more than name this little instrument, so far removed from sympathies or perversion of sensation, so dispassionate in its rulings, so free from the errors of personal equation.

And yet all this is but a tithe of the new resources of the modern clinician. Has he not the ophthalmoscope, the laryngoscope, the otoscope, the endoscope and æsthesiometre, all employed with telling effect; does not the microscope open up to him new fields in pathology among the solids, humors and other fluids of the sick body, and the spectroscope, dealing best with the infinitesimal, does it not mark out its ghostly lines for the clinician even under the inspiration of one, only one red blood corpuscle, and in the hall of judgment write 'murder' upon the wall.

Nor are these wonderful instruments serviceable in diagnosis only—they lead to enlightened therapeutics and a diminished death rate in the area of their applicability, or, like the myodynamometer, mark definitely the advance or retreat of the powers of cure.

Such an enumeration, fellow members, can only awaken in us emotions of gratitude that we are so much more favored than were our predecessors, and that all of these new resources place us more on the winning side. With the hypodermic needle we extinguish pain, or force disease to disadvantage with powerful drugs; with chloroform and æther we sooth the system distracted with convulsions or obviate shock in the great surgical operations, or quiet the agonies of parturition; after Esmarch we hold back the bloody torrent which once gushed forth after the catling; and Listerizing with Lister's spray we bar all passage into gaping wounds of motes that people the sunbeam and breed havoc in the tract of the sanguineous life stream. But while we rejoice let us remember that with the means of victory do our responsibilities augment, and that what may be done can possibly be required of us to do. I therefore once more congratulate you upon the choice of your complete field of labor, and sincerely hope that your best rewards for what you may do in our profession, for its honor and for your patients may, like happy retinal pictures, survive their possessors.

CLINICAL REPORTS FROM HOSPITAL AND PRIVATE PRACTICE.

CASES OF FRACTURE OF THE SKULL.

BY OSCAR J. COSKERY, M. D., PROFESSOR OF SURGERY, COLLEGE OF PHYSICIANS AND SURGEONS, BALTIMORE, MD.

Stephen G., aged 60, a colored laborer, came to the clinic on November 9th, 1878, with the following history: Six nights before, or on the night of November 3rd, he had been struck upon left side of the head by a brick thrown with great force. Had fallen and remained unconscious for about one hour. On recovering, found that he had no control over his right arm, which hung motionless by his side. Had felt soreness about the wound, but had had no headache, and had gone to work two days after reception of injury, of course, using only left hand. Present condition: A wound of the scalp near the vertex, about one and a half inches long by half an inch broad, through which cranium could be "looked into," (there being an equal loss of bone), for depth of nearly one inch. At the bottom of this wound was seen a suppurating surface, and pus was oozing between lips of skin wound. The exact situation of the wound may be gotten from the following admeasurements:

Total circumference of head just above tips of ears 22 inches.

A line drawn from tip of one ear across skull to tip of other ear measured twelve inches. (This line crossed centre of wound).

From tip of left ear to centre of wound 3½ inches.

From centre of wound to sagittal suture 2¼ inches.

" " " " root of nose 5½ inches.

" " " " left parietal boss 1½ inches.

" " " " left frontal boss 3 inches.

There was complete paralysis of right forearm. No pain in the head; no midriasis; no seeming disturbance of intellection, indeed the patient expressed himself as perfectly well, except for the hand. Had been working with the other hand up to present time.

On November 16th, slight motion of ring and middle fingers of right hand were present, and the suppurating surface was within one half inch of inner surface of skull.

On November 30th, wound had nearly closed, and, although not so strong, the movements of the right hand were nearly as perfect as were those of the left.

December 20th, 1878, no difference could be detected between the hands, either in strength of grasp or in versatility of movement. There was a small portion of necrosed bone present, not loose enough to detach.

Andrew Q., aged 50, a German laborer, was brought to the hospital on September 30th, 1878, in a state of coma. There was no history of the case except that the man, a poor tramp who had been allowed to sleep in an outhouse attached to a dwelling in this city for some weeks previously, had been found lying upon the ground in the yard unconscious, and had been bought immediately to the hospital, only a few blocks away. A small ecchymosed spot, half an inch by one quarter of an inch in size was found situated near, (below and in front of) right frontal boss, The pupils were in mid-state, and no other bruises were present. The coma continued, and the patient died within thirty-six hours from time of having been discovered.

A post-mortem, (at which only the head was examined), revealed the following: The small ecchymosed spot mentioned above. Beneath this, and corresponding with it, extravasation of blood in the cellular tissue and pericranium over a space two inches in diameter. There was no fracture or depression even of the outer table of the skull, (carefully looked for), to be seen. On removing calvarium and dura mater, (also ecchymosed, but not perforated) a blood-clot was found, nearly half an inch in thickness in some places, covering the whole right hemisphere of the cerebrum, extending down by the side of the squamous portion of the temporal, and continuous with one at the base of the skull and in the spinal cord. A portion of the left cerebrum was also covered with blood-clot, and the clot and the convolutions of both sides were flattened. A piece of the inner table of the skull just under the external bruise, about one inch by over half an inch was found detached and firmly adherent to the dura-mater.

The seat of the hemorrhage could not be positively made out, but was thought to have been one of the viens of the pia-mater. This would account for the slow death after such an excessive amount of hemorrhage.

Michael M., aged 32, an Irish laborer, was caught under a falling wall on September 20th, 1878, and seen by me half an hour afterwards. Besides some bruises and abrasions about the trunk and extremities,

there was a wound of the scalp, laying bare the skull for about one inch, just back of, and on a level with, the right frontal boss. At the bottom of this wound was found a depressed portion of skull, the piece measuring half an inch in every direction and pushed below general level of skull fully $\frac{3}{8}$ of an inch. This piece was firmly attached at one side, so much so that all the force exerted upon an elevator that I thought the instrument would bear could not move it. As the edges were not particularly rough, as there was no comminution, and as there were no symptoms of shock or compression of the brain, cold water dressing was applied and patient put to bed. (The intention was to elevate or trephine if any cerebral symptoms made their appearance). The patient never even had a headache, the wound granulated healthily, he was shown to the class convalescent on October 4th, 1878, and left hospital well on the 12th. He has been seen since by me, and is well and at work.

In the second case recorded (that of depression of the main table alone and death from hemorrhage) an interesting clinical point comes up. How much good would have been done by trephining in this case and relieving the pressure, even if the bleeding point could not be reached? I am inclined to think that the operation would have been justifiable though not promising. It *might* have been the means of recalling consciousness if only for a while.

In the third case a portion of the skull was depressed, but did not perforate the outer membrane. The rule of practice in this condition is not settled, but Mr. Erichsen, in the last edition of his work on surgery, is very positive in advocating the trephine without waiting for cerebral symptoms. As this case terminated, this was certainly *not* the best line of treatment.

If to the above reported cases be added that of James C., reported to this society in October 1878, and who had received a compound comminuted fracture of the frontal portion of the skull with loss of cerebral substance; and that of John S., who came to the City Hospital October, 16th, 1878, with a compound fracture of the skull just above the left superciliary arch with depression, we have the following series: One fracture of inner table alone leading to death within thirty-six hours, from cerebral hemorrhage and compression, but seat of injury being over the frontal lobes. One fracture in same region with loss of a considerable portion of a frontal convolution ending in complete recovery without even a headache, but with necrosis of the outer table. Two compound fractures in same region with depres-

sion, but without perforation of the dura-mater, both depressions unrelieved, and both cases getting well without a single bad symptom. It should be observed that in none of these four cases was there the slightest interference with muscular movements. This is in corroboration of the experiments which located no muscular function in these lobes. I should state, however, that with exception of the case that died, no intellectual disturbance was observed.

In reference to the first case a totally different set of symptoms is noticed, from the other cases. The patient is paralysed, in a certain region, immediately upon the reception of the injury, and this paralysis passes entirely away. If you will remember that the line drawn from the tip of one ear to the tip of the other passed directly across the wound and that the *sulcus centralis* of Ecker lies directly in a line drawn from the external *auditory meatus* upwards I think perhaps you may see the explanation, at least so far as the experiments of Hitzig and Ferrier go. These investigators think that they have established the movements of the hand on either side of this *sulcus* in the ascending *frontal* and ascending *parietal* convolutions, and that these movements are located in some 8 or 9 different centres arranged parallel to this fissure. There are two necessary consequences forecasted, (so far as my case goes), in this proposition if true.

First. A lesion of these convolutions must result in a loss of the function therein located.

Secondly. That unless the whole convolutions, or complete centre, were destroyed, the uninjured associated centres, with the well-known power of accommodation possessed by the brain, must, sooner or later, take on the function of the perfect centre. Both these conditions were present. The patient did lose the function and did recover it.

In conclusion I would say that he would be bold, who, in the face of the statements, and I shall call them facts, of so able and conscientious an observer as Brown-Sequard, would positively give in his adhesion to the dictum of the localisers, still, to my own mind, this case and two others reported by myself, (one of hemorrhage into these convolutions, and one of malignant growth there situated), together with cases recorded by Hirschfeld, by Hughlings Jackson and by Bastian with others, goes, in my opinion, farther to establish localisation as a fact in the *human* cerebrum, than do the experiments upon the lower animals.

I would state the proposition thus: In the human cerebrum there

are certain anatomical, or physiological if you prefer, conditions, just as we have in other parts of the body. That these are to an extent constant. But that perhaps they are not so constant as in other parts because, *may be*, the brain being so much more "highly organized," to use an old expression, the aberrations from this constancy are more predisposed to. To use an illustration, it is the rule to have three regular branches given off from the arch of the aorta, to have two kidneys, to be right handed, to turn the toes out in walking, but how many of us have seen the reverse. In reference to cerebral constancy, I think the common examples of right sided paralysis with aphasia following lesion near Broca's convolution is sufficient. That controlling influence of a special function may be located in different portions of the cerebrum, in different people, I believe to be the only explanation of this intricate subject.

Another interesting clinical point in this series of cases is that notwithstanding the very serious lesion in all, only one had bad symptoms, and their cause in this instance was not recognized. I think that the great bugbear of cranial fracture exists in our imaginations oftener than in our practice. Aware of the fact that few men will recover after having a crowbar driven through their brains, I still believe that this organ will suffer more mutilation without serious consequences than is generally thought to be the case.

CORRESPONDENCE.

NEW MEDICAL SOCIETY.

CHESTERTOWN, MD., February 13th, 1879.

Messrs. Editors:

On February 4th, there was organized a medical society, composed of physicians practicing in Kent County, to be known as the "Medical Society of Kent County." Dr. Saml. Fisher was elected president; Dr. J. A. Perkins, vice-president; Dr. Saml. Beck, treasurer; Dr. Wm. S. Maxwell, corresponding secretary; Dr. W. Frank Hines, recording secretary.

Such an organization has long been needed in this County, and

we hope to bring into it, the majority of our physicians. A committee of three was appointed to frame a constitution and by-laws, to be adopted at the next regular meeting, on the first Tuesday in March. There is in this section a large amount of very interesting clinical material, from which great good can be derived. If properly managed there is no reason why each meeting should not be very interesting.

At the next meeting Dr. W. S. Maxwell, of Still Pond, is expected to read a paper and open the discussion on the subject of "pneumonia; its origin, clinical history, diagnosis, prognosis, and treatment."

This is a subject full of interest, especially to the county practitioners.

W. Frank Hines, M D.,
Secretary.

SANITARY CONDITION OF MEMPHIS.

Memphis, Tenn., February 19th, 1879.

My Dear Doctors:

The recent terrible epidemic of yellow fever, through which this unfortunate city passed, is yet too fresh in the recollection of every one to need any mention at present. I shall therefore not say anything about that disease in this letter. It has been, and will continue to be, discussed by others more familiar with the circumstances, and more competent to give the subject such treatment as its importance demands. My present purpose is to say a few words about the general sanitary, or rather unsanitary, condition of the city. In doing so, I shall restrict myself altogether to such facts as have come within my observation, and refrain from drawing unwarranted conclusions.

The principal portion of Memphis is built upon the Chickasaw bluffs on the eastern bank of the Mississippi River. At the river front the bluff is from fifty to seventy-five feet above average high water. From here it slopes eastwardly to a natural drain called from its sluggish current "the Bayou;" or more specifically "Bayou Gayoso," of which more hereafter. From the bayou

the ground again rises gradually to beyond the city limits, From this statement it is evident that the *drainage* of the city ought to be a comparatively simple matter, provided a proper outlet can be found for the sewage.

Some years ago, Memphis ran heavily into debt in order to cover her streets with that beautiful delusion known, also to Baltimore among other cities, as the Nicholson pavement. Having once had the streets paved the city Fathers evidently concluded that they required no more attention, and as a consequence all the streets now look as if they had never been repaired, since the original pavement was laid. If any city in this country deserves the name of *the Metropolis of Mud*, it is undoubtedly Memphis. In some streets I have seen the mud, *on a level*, from six to ten inches deep, and in places fully twelve inches. This may look like exaggeration to residents of such clean and well-kept cities as Baltimore or Philadelphia, but it is a solemn, and I might say, melancholy fact.

But mud alone, however uncomfortable and inconvenient, is not necessarily prejudicial to health. Mud is however, the least of the evils of Memphian streets. All kitchen offal, ashes, garbage, in short what is most properly denominated *filth*, is incontinently thrown into streets, alleys, back-yards and courts! Just imagine, if you can, this condition of things in a city of fifty thousand inhabitants, where there are no drains except gutters, and these dammed up by mud six to eight inches deep. To add to all this, "the privy system," that abomination of sanitarians everywhere, is the only one known here for the disposal of human ordure.

The water supply is derived partly from cisterns in which the rain water from the roofs is collected, and partly from Wolf River, a small stream emptying into the Mississippi just north of the city. What the condition of the cistern water is, may be readily guessed when it is considered that the ground is constantly covered by decaying animal and vegetable matter. It is doubtful however, whether there is very much choice between the cistern and hydrant water. The water works are situated on Wolf River about three-fourths of a mile above its mouth. Bayou Gayoso empties its filth into the Wolf, about half a mile

below the water-works, but during high water in the Mississippi all this filth is backed up to the gates of the reservoir whence it is pumped throughout the city, and used for drinking and cooking purposes. It is true that this does not happen very often, but it ought not to happen at all.

What the contents of Bayou Gayoso are will be evident from the perusal of the following brief abstract of an article in yesterday's *Appeal*: "A reporter of this paper, made a personal investigation, and found that between Alabama street on the north and Beale street on the south, a distance of about two miles, following the windings of the bayou, *seventy-two privy vaults* empty their noisome contents into the sluggish stream. Besides this, a number of gullies, carrying the filth from side streets, also find an outlet here."

Is it a wonder that Memphis was more than decimated last year?

"But," you will ask, "is this state of things going to continue, isn't it proposed to remedy these defects?" And the answers to these questions I will try to give you in another letter.

Ro.

REPORTS OF SOCIETIES.

REPORTS OF BALTIMORE ACADEMY OF MEDICINE. MEETING HELD JANUARY 21st, 1879.

Dr. Arnold related a case of spasmodic spinal paralysis, occurring in an unmarried colored woman, who followed washing, ironing and scrubbing for a living. She dates her present illness from a cold which she caught about fourteen months ago. She first experienced a weakness in her right leg, soon after involving the left also. Standing and walking produced an unusual sensation of tiredness. The limbs felt stiff and heavy, and bending of the knees became difficult. The slightest inequality of the ground or carpet proved an impediment to walking, so that she frequently tripped on the even floor. Her knees had a tendency to come together. After a few months she was unable to walk without sticks. On raising her toes from the ground she had a difficulty in lifting them up and they dragged along

with a scraping noise. Finally the effort of walking produced such a shaking of the limbs, that about three weeks before admission into the City Hospital she had lost entirely the use of her lower extremities. She appears well nourished. Menses are regular. The thoracic and abdominal organs present nothing abnormal. While lying in bed the legs are fully extended. There is decided muscular tension and rigidity of the parts, the muscles feeling very hard to the touch. She is unable to bend her legs at the knees or to produce dorsal flexion of the feet. Passive motion at the knee joint meets with much resistance and causes pain. There is no anæsthesia anywhere; the tactile and special sensations are normal. On pricking the soles of the feet or pinching the toes, the whole limb is thrown into spasmodic movements. The arms and hands tremble when the finger ends are irritated. This "spinal epilepsy," as Brown-Sequard calls it, can be immediately arrested on forcibly flexing the feet and hands. There is increased reflex irritability and the tendon reflex phenomenon on percussing over the ligamentum patellæ is much exaggerated. Electric reaction to both the galvanic and faradic currents is normal. There is no weakness of the sphincters, nor is the girdle sensation complained of. Charcot was the first to give a clinical picture of this form of spinal trouble. In the few cases where he had the opportunity for examination, he found the lateral columns of the cord symmetrically affected. He proposed the name "Tabes Dorsal Spasmodique." Erb prefers to call it "Spasmodic Spinal Paralysis." Others speak of the disease as "Sclerosis of the Lateral Columns." Leyden is not disposed to admit that the disease in question is restricted to the lateral columns.

Dr. Chisolm reported a case in which a man lost his left eye during the war through injury inflicted by a piece of a gun-cap, which may or may not still be in the eye as the closed pupil prevents inspection of the vitreous chamber. Vision was entirely destroyed in the injured eye, which has continued to pain him at times ever since. The eyeball has not shrunk, and the iris is of good color. The latter exhibits a cut into it near the pupillary border and the lymph-filled pupil brings out this fissure of the iris quite distinctly. For a year the sound eye has been painful at times, eight months ago excessively so, since which time vision in this eye has also been lost. It was expected that the pupil would be found closed up from sympathetic iritic inflammation; the media are however all transparent and the appearances of the eye normal. The pupil is normally responsive to light, although there is no appreciation of it. No pathological lesions are observable on

ophthalmoscopic examination. It is looked upon by Dr. Chisolm possibly as a case of suppressed vision from sympathetic irritation and he is disposed to believe that the removal of the injured eye may be the means of restoring some sight in the one to all appearance in normal condition but in which there is no perception of light.

Dr. McSherry referred to the case of a lady who took cold two years ago from sleeping in damp sheets, and has been devoid of the sense of smell ever since. The sense of taste is also impaired to so great a degree that she can not distinguish between different sorts of meats and vegetables. Pepper is recognized by its pungency; and so heat and cold produce the ordinary sensations upon the lingual nerves of common sensation. Electricity and various other remedies have been used without effect. The hearing is acute.

Dr. McKew cited the case of a lady who lost the sense of taste many years ago from catarrhal trouble. She is unable to distinguish the different kinds of food and drink. Her mother met with the same loss after typhoid fever and never recovered from it. In another case the sense of smell was lost after illness, that of taste being retained.

Dr. Chisolm had met with a gentleman who could appreciate no odor, but suffered from a subjective sense of an odor resembling tha of rotten eggs. Yet there was nothing unpleasant to be detected by others. No treatment was of any avail.

An instance was also cited in which a person could distinguish no color but yellow, another in which only white and black could be made out.

Dr. Chisolm reported the case of a boy who was shot in the eye with the result of loss of vision in the injured organ. The other eye became at once excessively sensitive, so that light gave intense suffering, and the eye had to be kept heavily bandaged. The injured ball was removed, when the photophobia instantly disappeared and at the next visit the patient was found looking out of the window.

Dr. McKew related the case of a healthy young man, aged 18, a tinner by occupation, who lost his situation and not being able to get other employment got a situation with a baker and confectioner where it was his duty to powder vanilla beans. On the second day of this work, all the parts that had been exposed, viz; head neck and arms, were covered with a profuse eczematous eruption, and constitutional symptoms. The affection lasted two or three weeks (under treatment) ending in desquamation. So great an amount of irritation from a substance so bland was unique in his experience.

Dr. Morris did not think powdered vanilla so bland and had met with several cases reported in the journals similar to that of Dr. McKew.

MEETING HELD FEBRUARY 5th.

Dr. Cordell reported a case of face presentation, left posterior mento-iliac variety, in which labor occurred with great ease and rapidity. The patient was a young woman who had reached term with her second child, her first labor presenting nothing unusual. The pains began about 7 p. m. He was summoned at 2 a. m. the following morning, and found the os dilated to the size of a silver dolllar. The bag of waters pressed down into the pelvic cavity during the pains, which were frequent but not yet expulsive. A hard round and smooth surface was felt pressing upon the anterior part of the brim of the pelvis, back of which the finger encountered a depression bounded in front by an irregular bony margin. Nothing could be made out behind this point owing to the unusual height of the presenting part and the prominence of the bag of waters. The presenting parts did not offer to the finger the features of a vertex and a face presentation was strongly suspected. On palpation the fundus of the womb was found in the direction of the right hypochondriac region (shewing marked right obliquity of the organ); the back of the child was felt towards the right side, and the breech and head located, the former at the fundus, the latter at the cervical end of the uterus. The fœtal heart was heard to the right of the median line in the right iliac region and distinctly opposite the umbilicus. The patient complained of very severe pain in the right hypochondrium, which she had had for some weeks previously. At 3 a. m. the waters were discharged flooding the bed and forming a pool a foot deep in the depression formed by the patients left foot. Upon re-examining now all the features of the face could be distinctly felt, and efforts at suction were made, on introducing the finger into the child's mouth. The parts previously felt were now perceived to be the forehead, supra-orbital arches, orbital depressions and root of the nose. The chin was opposite the left sacro-iliac synchondrosis, the forehead to the right of the symphisis pubis. At 3–30 the pains had not been very severe nor frequent; the face was found well down in the pelvic cavity and the finger could be made to pass upon the neck above the chin; the position continued as before a left-posterior mento-iliac. Such an unusual state of things naturally excited some anxiety, and wishing to have some reference

at hand in case of need, Dr. C. went to his office, which was only a short distance off, to procure a work upon obstetrics, hastening back as soon as possible. He was not gone at the farthest more than twelve minutes. On his return he found the labor completed, and the child lying upon the bed between the woman's knees crying lustily. The attendant stated that immediately after his departure severe expulsive pains set in, which did not cease until the child was born; she was unable to give any account of the parts when expelled from the vulva. The face was not swollen more than usually, and the only thing observable about the child, which was a good-sized male, was the prominence of the occiput, and consequent increase in the occipito-frontal diameter. The weight of the child, as shown by a pair of scales in the house, was stated by the family to be eleven pounds. The placenta came away without difficulty and both mother and child have since done well. Face presentations were formerly thought to be among the most serious events that could occur in labor; indeed a natural delivery was then considered impossible. Many still hold some such view. It is abundantly proven however that except in the rare cases in which the chin fails to rotate to the front, they present little if any more difficulties and dangers than the ordinary vertex presentations. They are excessively rare, so that few physicians can have had much experience in them. The late Dr. Chatard, who attained a very large obstetrical practice in this city, records but six cases in 4,192 labors, or one in 698.

In view of their great infrequency and of the illustration afforded of the remarkble ease and rapidity with which they may occur, the above case is considered worthy of mention.

Dr. Johnston exhibited a portion of the inferior maxillary bone, which he had removed the day before for necrosis. The specimen consisted of the condyle, coronoid process, ramus, angle, and a portion of the body. The patient was a male white child, five years old. The disease began ten months ago. He first came under observation last August, with a painful swelling of the right side of the face and a sinus leading to necrosed bone, from which there was an exceedingly offensive purulent discharge. Dead bone could be detected with the probe, but it was firmly attached. Two of the teeth being somewhat loose were extracted. There was no evidence of syphilis, nor any account of a fall to which the trouble could be ascribed. It was probably due to some forgotten fall, leading to periostitis and consequent necrosis. Dr. Johnston advised delay until complete separation of

the diseased portion. On yesterday the patient was again brought to the clinic, when separation was found to have taken place, the thin and sharp extremity of necrosed bone projecting through the gum. There was little difficulty in effecting the removal from within the mouth by means of forceps. This method of removal is to be preferred, where possible, to the external operation, as it avoids the disfiguring scar, which in children is especially objectionable as it grows and retains its relative size. The child sat up during the operation, which it bore with great fortitude. Very little difference was observable between the two sides of the face after the operation. The periosteum had detached itself completely from the diseased portion. The final result is uncertain and will be awaited with interest. The excision of a part of the bone is often followed by excellent use of the remainder. Maissonneuve removed the entire inferior maxilla; yet the expression continued excellent, and there was no deformity observable. Regeneration of the bone through the means of the remaining periosteum may be regarded as possible.

Dr. Thomas asked the opinion of the members as to the most advisable time for operating in a case of complete occlusion of the vagina occurring in a delicate infant six months old. There is no difficulty in micturition or defecation. He was unable to say whether the occlusion was due to congenital deformity or more recent causes.

Dr. Morris said the answer was not an easy one. He however thought that an immediate operation was not justifiable, but at a later period (not later than the thirteenth year) it would become imperative. He referred to a case of this sort in a young lady, aged 18, who was engaged to be married. The uterus being discovered on examination, an attempt to establish a vagina was recommended. The operation was very skillfully performed by Dr. Claude Van Bibber, who by a slow and careful use of the knife and finger, succeeded in opening a vagina three to four inches in length, and capable of answering all the requirements of the natural canal. A glass tube was inserted and maintained in place by a T bandage. Unfortunately she broke the tube in a week, and in consequence of this the vagina closed again necessitating a second operation.

Dr. McSherry read a report which he had just prepared for the Health Department, in answer to the request recently made for such information, in reference to two cases of malignant scarlatina under his care. The patients were children, brother and sister, and aged four and six years respectively. They seemed stricken with death

from the very beginning. They were at different points, a considerable distance apart, when attacked, the one being with its grand-mother, the other with its mother. Both houses were in perfect sanitary condition and there was no local cause for the malignancy exhibited. On further examination it was ascertained that the grand-mother had resided some months before on Courtland street, that both children had been frequent guests at her house, spending days and nights there and that a very offensive odor was for a long time observable in the house which she there occupied. To this Dr. McSherry thought the malignancy was due, the poison then inhaled appearing to have lain in the system latent and undeveloped during the interval, just as it often does after malarial exposure. A singular fact in connection with the latter was mentioned, viz: that months after exposure to the malarial influence, persons after taking cold may develope not bronchitis, the usual sequence, but intermittent fever.

Dr. Morris said the solution of this question would demand the most thorough investigation of the local sanitary condition; we would have to take into consideration the location and source of the water supply, and the possibility of a communication with privies owing to the nature of the soil or other cause; winter privies must be carefully attended to; the milk must be examined, etc., etc. The local causes produce the malignancy.

Dr. McSherry observed that his cases were a long distance apart, and did not use the same milk or water. The only common cause of which there was any evidence of exposure was the one to which he had referred.

Dr. Arnold said it was a common occurrence to meet with malignant and non-malignant cases of disease, associated in the same household. Local influence fails to explain malignancy here. He attended six cases of typhoid fever in one house; all of these recovered except one. These cases were traced to a typhoid-fever patient whom one of the six had just before nursed and slept with.

Dr. Uhler thought the quantity of the poison entering the system might explain the malignancy.

Dr. Thomas cited the instance of a lady in Philadelphia, the mother of twelve children, and just about to be confined with her thirteenth child, all of whose children were attacked with scarlatina followed by dropsy. Ten days after her confinement the baby exhibited evidences of desquamation.

Dr. Bailhache referred to a new dairy just erected on the suburbs,

in which the odor from the water-closet is so strong that it is impossi- to stay in it five minutes without suffering.

In collections of scurf from the body and other matters found in the troughs beneath bath tubs, left undisturbed for two weeks, he had discovered fungi under the microscope.

Dr. Steuart agreed with Dr. McSherry as to the long incubation exhibited in zymotic diseases.

Dr. McKew reported the case of a very robust man, who presented himself having been sick for twelve weeks with symptoms of dyspnœa, pallor, anasarca, and effusion in right side of chest. There was no albuminuria nor heart-trouble. Sixty-two ounces of fluid were drawn off by the aspirator with improvement in the symptoms. The effusion did not recur, but the patient suffered from great dyspnœa, intense thirst, and increased anasarca. The urine was again examined and found free from albumen and casts but laden with sugar. The specific gravity was not taken. The amount of urine excreted in twenty-four hours was estimated at not over 30 to 35 oz. The anasarca increased to such an extent as to demand acupuncture. Nothing seemed to give any relief. The patient wasted away and became exceedingly thin. Repeated examinations of the urine confirmed the presence of sugar. The serum drawn from the chest coagulated in the aspirator. The subsequent course of the case was not known as it passed into other hands.

Dr. Uhler remarked that blood will coagulate readily in a solution of sugar; it will not coagulate when a solution of sulphate of soda is added to it.

MEETING HELD FEBRUARY 18th, 1879.

Dr. Arnold exhibited to the Academy a robust looking unmarried German, aged 19, affected with the disease termed by Charcot "multiple sclerosis of brain and spinal cord," (Sclerose en plaque disseminee). The case is a typical one. The patient is a pedlar and has been suffering from this malady for nine years. He is perfectly temperate, is free from evidence of syphilis and without any history of hereditary neurosis. The symptoms began after exposure to wet and cold. The right leg was the part first affected; next the right arm, and later the left upper and lower extremity. He is now an inmate of the City Hospital, having been forced to abandon his occupation on account of the rhythmical movements

of his head and extremities which become so bad after walking a square or so, as to compel him to sit down and wait until they subside. These movements are produced by motion or even the intention of moving, but cease entirely when he has rested for a few minutes, and only recur on renewed motion. He is entirely unable to write on account of them, although he formerly wrote a good hand. They also affect his speech in which he divides the syllables, somewhat as in scanning. In attempting to drink, water spills from the glass and the glass rattles against his teeth. A very slight but distinct lateral motion of the eyeballs is noticed showing a moderate nystagmus. He has suffered at times from amblyopia and double vision. He has a very slight and limited control over the movements. The case has been slowly progressive; the diplopia has only been observable during the last nine months, the scanning speech is also a late symptom. Closing the eyes has no effect on the movements. With the exceptions named, his functions are all perfectly performed. There is no anæsthesia, no tender spots, but he has pains at various points especially after exertion; some of the points are the occipital groove, the nape of the neck and the left shoulder. Dr. Arnold regards these pains as due to the incessant movements. There is no girdle sensation, no affection of the sphincters. The disease is often mistaken for paralysis agitans or shaking palsy; this case was regarded as of that nature before it came under Dr. A's care. The differential diagnosis is not difficult, if we recollect that in shaking palsy the movements continue both when the patient is at rest and in motion and only cease when he is asleep; besides that is a disease of advanced life whilst the disease under consideration rather affects young persons. The prognosis is exceedingly grave; arrest of the disease or recovery from it is not to be hoped for by any known method of treatment, and it is only a question of time how long life will last. In advanced cases talking becomes impossible, and the movements cease, a state of permanent rigidity taking their place. Sclerosis may affect any part of the cerebro-spinal axis and the symptoms will vary accordingly. In this case electricity, of both kinds has been tried, but found harmful, increasing the violence of the movements at once,

even after the use of the mildest current. Warm baths have been employed and internally oxide of zinc, gr. iij thrice daily. The latter has not yet been used sufficiently long to test its effects.

Dr. McSherry referred to a case of yellow fever, which came from Norfolk, during the epidemic of that disease which prevailed there many years ago, in which there was incessant lateral motion of the eyes (nystagmus) for several hours before death.

He also alluded to a case now under his care in a gentleman, the most marked feature of which is irregular and unaccountable attacks of cardiac palpitation, the pulsations numbering on one visit 120 to 140 per minute, whilst at the next they would be normal in frequency. There are no digestive troubles. Sometimes there is irritability of the bladder. The urine varies at times in amount and in re-action, but it contains no albumen nor sugar. The patient imagined that he had Bright's disease. On walking any distance the knees were disposed to give way. There were tender spots over the spine, for which cups, with applications of hot and cold water were applied with relief. Blisters and various neurotics were used without effect. Dr. Miles, who saw the case in consultation, thought it was due to thickening of the nerve-sheaths, particularly in the cauda equina.

Dr. Chisolm reported a curious case of circumscribed atrophy of the cornea, without loss of transparency, in a woman forty years of age. He had first seen the case two years since; at that time the central atrophy of two lines in diameter of oval form, was surrounded by a very fine thread-like rim of opaque cornea, the rest of the cornea being perfectly transparent. The very marked thinning of this central portion, within its opaque linear frame, was distended by the aqueous so as to bulge into a segment of a circle of very small radius. When the interior of the eye was viewed with the ophthalmoscope, the iris could be distinctly seen through the thinned portion as it was perfectly transparent. When, however, the light was thrown into the vitreous chamber, no illumination of the fundus could be made out and the irregular refraction of light gave the appearance of lenticular opacity. From this examination the case had been entered, into the dispensary book, as one of cataract with corneal complica-

tions. When the light was directed through the enlarged pupil, through the normal cornea on the outside of the thinned portion, the transparency of the lens was established and the fundus sharply defined. The patient had never suffered pain, nor was she aware that the eye had ever been inflamed. Two years has made very little change in the bulging of the thinned part. It looks like an extensive hernia of Descemet's membrane, through loss of superficial corneal substance.

In answer to an inquiry of the president as to the nature of "Oyster Shuckers' Corneitis," Dr. C. stated that it was a limited inflammation of the cornea, giving rise to a round circumscribed spot the appearance of which seemed diagnostic. It is due to injury by a fragment of oyster shell and possibly the entrance into the small wound of some of the juice of the oyster. The appearance differed from injuries from stone wounds or from other foreign bodies.

Dr. Chisolm described the operation of tattooing the cornea which he had just had to perform. It is done to conceal leucomatous spots which give rise to great disfigurement. The operation is frequently demanded and is quite simple: The area involved is first painted over with india-ink and then is pricked with needles to force the pigment beneath the conjunctiva into the corneal tissue. The treatment is only adapted to spots in the cornea and this membrane permits great liberties without resentment. He has operated many times without a bad result. As many as five hundred pricks are made. Chloroform is always administered. The benefits from the operation can be easily appreciated especially in young ladies. The white spot is converted into a black one, thus assimilating in color to the black pupil or to a dark iris. The result in suitable cases is most satisfactory, the closest examination being sometimes required in order to detect the opacity:

Dr. McSherry reported the two following cases occurring in his obstetrical practice.

1. A lady suffering with malarious fever of a very marked typhoid character. Being called to see her in consultation he advised that quinine should be freely given. Not long after she

miscarried triplets of about five months development. The placenta was gotten away with difficulty, and the patient died from the shock and mental trouble resulting from an accident occurring the day before her death in the house.

2. A lady who gave birth prematurely to twins at an interval of nine days apart. She had been attended at the birth of the first by some one suspected to be an abortionist, who, probably after the delivery, imagined that the matter was completed, and did not recognize the presence of a second fœtus in utero. Two or three days after the birth of the second, Dr. McSherry was called in. A most offensive odor from her person filled the room, so that it was almost impossible to go near her. He removed a large quantity of decomposing blood from the vagina and used carbolic injections freely with tonics. Improvement soon showed itself and at the end of two months the patient was discharged. The nurse said there had been alarming and protracted hæmorrhage after the birth of the first child.

Dr. Van Bibber related the following case: On the 1st of January last, he was called in haste to a case of labor and reached the house about fifteen minutes afterwards. A midwife of some experience was in attendance, who said she had sent for him immediately after the expulsion of something from the womb, the like of which she had never seen before. She thought it was "a false conception," and had wrapped it in a flannel, which was concealed under the bed clothing at the foot of the bed. This, being produced, proved to be the fœtus with the placenta and bag of waters; the entire contents of the womb, expelled intact. He requested the nurse to rupture the sac, and soon after the waters were discharged the child began to cry. He had then been in the house about five minutes. After the breathing of the infant the cord was found to be without pulsation. The point of interest in the case is, how had life been sustained during the *twenty minutes* which had elapsed from the birth of the child to the rupture of the sac? Dr. Van Bibber said he was then, and is now, unable to form any theory to account for the fact.

It was the second labor for the mother, who believed she had gone to full term. The feeble infant lived one month, and died

from bronchitis. With reference to the question asked by Dr. McSherry as to the length of time which may intervene in multiple pregnancy between the births, Dr. Van Bibber stated that he had met a lady who said she was born five months after her sister, who was still living.

Dr. Arnold referred to a case of "cheyne-stokes" or "tidal respiration." The pulse is never over forty. The most obvious symptom is facial neuralgia of the left side, from which he has suffered for many years. He spent a portion of last summer in Virginia, where he was subject to slight fainting fits (petit mal). On his return to the city, Dr. Arnold was called to see him in an epileptiform convulsion; this was followed by others at the rate of from six to a dozen a day. They were succeeded sometimes by maniacal delirium. These have ceased but he is still subject to vertiginous attacks which debar him from attending to business although he goes about without restraint. There is some difficulty of speech and one pupil is permanently dilated. There is no syphilitic history; specific treatment was however tried with some relief to the neuralgia. Some tumor of the brain is suspected. The "tidal" breathing was observed after the convulsions above referred to; the respirations were not counted but they did not exceed five or six a minute. The results of opthalmoscopic examination are negative.

Dr. McSherry recalled a case in a gentleman whom he had attended, in whom the respirations sank to from four to six per minute. After catheterism, which was required on account of retention of urine, they became normal.

EUGENE F. CORDELL, M. D.,
Reporting Secretary.

RECENT PROGRESS IN GYNECOLOGY.

BY B. F. LEONARD, M. D.

COMPLETE REMOVAL OF THE UTERUS. (*Berliner Klin. Wochenschrift* 31,1878, and *Am. J. Obst.*, January, 1879). Dr. Freund and his assistant Dr. Fränkel give details of two cases of extirpation of the

uterus for carcinoma, the patients being 65 and 50 years old. Both cases were tedious (one lasting 2½ hours), but successful—the patients being now able to work in the fields. The antiseptic method was used, but the spray was not allowed to enter the abdominal cavity, Dr. F. prefers a half per cent. solution of carbolic acid spray, it does not irritate the peritoneum and is pleasanter to the operator's hands. Previous performance of the operation on the dead body is essential. The uterus is disinfected at the time of the operation by ten per cent. carbolic acid, and the patient lies with her head lower than the pelvis. The broad ligaments are ligatured in three portions. The uterus is removed through the roof of the pelvis. All the precautions usual to ovariotomy are observed. In the second case there was absolutely no re-action. The cancer may or may not relapse.

Schroeder has performed Freund's operation three times. It is by no means easy, but feasible and justifiable. Carcinoma is an indication, and possible recurrence should not prevent its performance. S. followed F.'s technique. In cases of cancer of cervix spreading to the fornix vagina, Freund's operation is often impracticable, as it does not admit of the removal of much lateral tissue, therefore S. proposes to open the whole fornix at a safe distance from the cancerous infiltration, and to excise the whole diseased cervix up to the internal os, together with the affected fornix He calls this "supravaginal excision," and has performed it several times. Mueller (Berne) approves of Freund's operation. Martin (Berlin) has operated on two cases, Olshausen has done the operation twice, and Baumgærtner twice. Kooks (Bonn) operated on a woman 32 years of age, with cancer of the cervix, removing the uterus and *three* ovaries—recovery. This is the fourth undoubted case of triple ovaries reported within four years. (See also Transac. German Gyn. Society, *Am. Journal Obst.*, January 1879).

Electricity by a New Method in Gynecology.—Dr. Garratt (*South. Clin.* Jan., 1879), describes the Kimball-Cutter method of using electricity in gynecological surgery. Their last report shows more than fifty cases treated, generally with very marked effects. A large proportion of these cases experienced an impression at the operation that rendered them somewhat sick, generally with local pains in the abdomen. Some three or four of them soon died; a large number (nearly one-third) were relieved from their sufferings and the u mor-growth was arrested, while four cases were completely cured.

The Cutter battery contains but one cell and is very large, resembling the French cautery battery of Grenet. It yields a great quantity current, with only one cell intensity, varying from one volt., up to 2,060 volts. It is charged with 1½ gallons of saturated solution of bichromate of potash in water and sulphuric acid.

The Cutter needles are novel. They are made of iron large and strong, with wooden handles insulated about three-fourths their length, are six inches long with a deep groove and cutting edges on the whole length of their sides; the needle looks much like a curved director.

When the needles are passed through the skin, it is cut U shaped, two needles being employed, one attached to each pole. Both are plunged into the body of the tumor, entering five or six inches apart, approximating the points until they are two or three inches apart and four or more inches deep, remaining thus while the current flows (five to fifteen minutes).

It is a debated point how the current acts. The deaths seemed to be from peritonitis.

Pilocarpin in Abortion.—(*London Med. Record*, December 15, 1878). Dr. Chadzynki states that he has seen very favorable results by treating skin diseases (psoriasis, syphilis, &c.,) with hypodermic injections of pilocarpin, but in one case, a syphilitic girl aged 21, labor began suddenly after the ninth injection, and the fœtus was born. Three similar cases have been observed. Care should be used in giving subcutaneous injections of pilocarpin to pregnant women; but it may be useful where premature confinement is desired.

Prof. Mueller (Berne) in the German Gynecological Society, spoke on the use of pilocarpin in obstetrics (*Am. J. Obst.*, January, 1879). It certainly would be a great advantage if premature labor could be induced by internal remedies, but his experiments with this agent are not encouraging. It does not act so powerfully as ergot, and after two days loses its effect. In three cases of contracted pelvis and one of albuminuria, it was ineffectual.

Saenger (Leipsic) thinks it has a "qualified ecbolic influence." Atropin acts as an antidote arresting the pains caused by pilocarpin.

Vegetations of the Endometrium.—Dr. Goodell, (*Philadel. Med. Times and Gaz.*, Jan. 18, 1879,) gives quite a number of interesting histories of this affection with results of treatment (curette and nitric acid). Dr. Garrettson (Do. Feb. 1879), calls attention to the use

o "London Paste" in this class of operations. It consists of equal parts of caustic soda and quicklime, made into a semi-fluid by admixture with alcohol. In ordering the ingredients from the druggist the soda and lime are are to be mixed, great care being taken to prevent deliquescence; the material in a moist state being worthless. The paste is always to be made at the moment of use. The cervical canal must first be enlarged by sponge tents.

Hemorrhage After Amputation of the Cervix, by the Galvano-Cautery.—(*Transactions Obstetrical Society*, of N. Y., Do.) Five cases of dangerous secondary hemorrhage were announced by Drs. Hunter (Dr. Thomas' case), Ward, Mann and Noeggerath.

The occurrence of these secondary hemorrhages was explained in two ways:

1. The plug in the blood-vessels differs in character from that formed when other means of arresting hemorrhage are used.

2. The plug is shorter than usually formed. The latter was regarded as the more plausible.

Sulphurous Acid in Pruritus Vulvæ.—(*Trans. Obst. Society*, Cincinnati, Do.) Dr. Stevens reports a prompt cure by the free use of this acid in full strength, bathing the parts freely. He considers it most efficacious in parasitic eczematous affections.

Hemophilia (Hemorrhagic Diathesis) in Relation to Gynecology. Dr. Borner has an interesting article, translated in January *Abst. of Med. Science*, on this subject which is too long for our limited space.

LARYNGOLOGICAL PERISCOPE.

BY J. H. HARTMAN, M. D., PHYSICIAN TO THE BALTIMORE THROAT DISPENSARY.

No. III.

New and Simple Method of Operating for Laryngeal Polypus, with Report of a Case.—No previous description of the above having ever appeared in these pages, it may not be out of place

to describe the method (as reported by Voltolini in the *Monatschrift fur Ohrenheilkunde*, Nov. 3, 1878,) which consists in passing an ordinary sponge, attached to a somewhat flexible wire, into the larynx and drawing it to and fro.

The sponge may be used dry, or previously moistened with water.

The moment the sponge enters the larynx, the latter closes spasmodically.

The sponge is then held there 'till the larynx dilates for an inspiration, at which moment the sponge is to be pushed on through the glottis and drawn upwards and downwards.

When the polypus is situated above the vocal cords there is no necessity to wait, but the sponge is twisted round as soon as it has entered the larynx. In cases in which the epiglottis can be seen by drawing the tongue forwards and depressing it with a spatula, the laryngeal mirror may be dispensed with in introducing the sponge, for on applying the sponge to the posterior surface of the epiglottis it easily slips into the larynx.

This method, at first recommended only for soft polypi, is, according to the author, also of service in the harder forms.

In these cases the wiping out of the larynx is repeated after several days (from four to eight) 'till the polypus becomes livid, mortifies, and falls off.

In a later number of the same journal (Nov. 8, 1878), Prof. Voltolini gives an account of a case operated on by this method by Dr. Ariza, of Madrid, and described by him in *El Anfileatro Anatomico Espanol y el Pabellon Medico*, May 31, 1878. This case was one of a woman, aged 28, with a dark-red polypus of the size of a pea, attached to the free border of the left vocal cord near its anterior part, and hanging down into the trachea.

After having in vain tried to remove it with various instruments, and also having employed local anæsthesia without sufficiently overcoming the irritability of the larynx, Dr. Ariza had recourse to Voltolini's method.

The sponge was applied for several successive days, and produced some bleeding from the polypus. As the growth, however, did not diminish much in size, Dr. Ariza endeavored again to seize the polypus with a snare, and succeeded in tearing off a portion of it. After three or four more sitings, in which the sponge was used, the growth diminished rapidly in size, finally became violet or black-coloured, and on the following day had disappeared entirely.

Dr. Ariza considers that this operation is not in the least degree dangerous to the patient, and it can be performed by any surgeon who is not a specialist, and that it is the only operation which can be employed in those frequently occurring cases in which there is absolute intolerance of the larynx. Professor Voltolini thinks that in the above case the operation might have been completed without the use of the snare, and cautions against endeavoring to tear off hard polypi by the sponge method.

As above mentioned, it suffices in these cases to bruise and lacerate the polypus in order that it may mortify and fall off.

THE LARYNX IN CASES OF LEPROSY.—(Elephantiasis Græcorum). At a recent throat clinic at Charity Hospital, B. I. Dr. Elsberg delivered an interesting lecture upon two cases of Leprosy involving the larynx.

Very few laryngoscopical examinations of leprous patients have hitherto been reported. Indeed, in this country, the disease itself is so rarely met with that every contribution to its statistics is of some value.

CASE I. A bright intelligent boy, æt. 19, single, native of Santiago, Cuba. A resident of New York during the past ten years. Had been a sufferer from the disease for the past four years. During the last year he had noticed a gradual change in his voice. He had always been fond of music, and sang a high tenor; now he spoke in a peculiar husky or muffled tone, and, when he attempted to reach a high note or sing softly, he was not able to make any sound. He was obliged to constantly clear his throat, and suffered a little from dyspnœa after exertion. There was no difficulty in deglutition, but in drinking water, relief was found by pressing on the thyroid cartilage.

When examined with the laryngoscope by Dr. Elsberg, it was found that the air-passages had undergone changes similar to those on the face. All the portions of the mouth and throat rich in loose connective and adipose tissues were more or less involved, while, where the mucous membrane is attached more closely to the harder structures beneath, it was intact.

The tongue was large, swollen, and fissured, but there were no ulcerations.

The uvula was long, and the surface made uneven by the presence of several small tubers.

With the exception of some hyperæmia and hyper-secretion, there

were no pathological changes on either the hard or soft palate or the pharynx.

The laryngoscope revealed a large, thick, congested epiglottis. Its free margin had lost its symmetry, and seemed to be carried backward over the larynx by the weight of the tuberous masses, which covered it so that only its lingual surface could be seen.

Such masses were on each side of the frenum and extended forward toward the tongue. Only the arytenoid cartilages and parts of the vocal bands appeared in the mirror when the epiglottis was slightly raised during forced inspiration.

To see all the parts required a number of views and various manœuvres. The upper aperture of the larynx had become irregular and altogether smaller. The ary-epiglottic folds were tumefied and studded sparingly with small tubers. The ventricular folds presented the same swollen and congested appearance, with a number of tuberosities, and partially covered the vocal bands, so that during phonation only the inner edges of the latter could be seen. These were white and glistening. The mucous membrane covering the arytenoid cartilages was greatly swollen and dark-red in color. Two tubers of somewhat larger size were on the right arytenoid and one on the left.

The parts moved sluggishly during phonation. The mucous membrane of the larynx and surrounding parts hypersecreted. The patient's general health was fair; he suffered considerably from mental anxiety. His appetite was good; he had no pulmonary or cardiac trouble, and his kidneys seemed to be in a normal condition.

Case II.—White male, æt. 45, native of New York. When 32 years of age went to Santiago, Cuba, where he had lived for three years; then returned to New York, where he had since resided.

He exhibited marked symptoms of leprosy. The mouth and pharynx had not escaped. The tongue was so thick that the patient spoke like a drunken man, and saliva dribbled from his mouth. The gums were red and somewhat swollen, but there was no ulceration; the tonsils seemed to be very slightly affected. The palato-glossal and palato-pharyngeal folds had been ulcerated through and had become adherent in several places. The inner side of the cheeks and posterior wall of the pharynx were dotted with small papillary excrescences; there was one large ulcer on the hard palate. The patient had ozœnic catarrh, and although the pituitary membrane seemed to be injected, none of the tuberosities were apparent in either the nasal organ or pharyngo-nasal space.

The epiglottis was considerably tumefied, its free edge thick and irregular, with angular lateral boundaries. It hung heavily back over the larynx, and seemed to have lost its elasticity. The ary-epiglottic folds and the ventricular bands were enlarged, congested, and uneven, covered with a few large and many smaller tubers. The lumps partially hid and gave to the arytenoid cartilages an ill-defined and shapesles appearance.

The posterior halves of the vocal bands were masked beneath this new growth. Two large lumps were seen, the one anterior and the other posterior to the left arytenoid, on its inner side. The right arytenoid, although involved throughout its whole extent, had no tuberosities which rose above the general level and which were sharply defined.

There was less swelling about the anterior half of the rima glottidis, and the vocal bands could be seen to approach each other during phonation. In the inter-arytenoid space one large tuber stood out prominently into the larynx. The general condition of the patient was not as favorable as that of the previous case. The cases were illustrated by good wood cuts, showing the ravages of the disease.

Among the remarks by Dr. Elsberg concerning the disease, were the following: That the systemic cachexia which constitutes the disease, as manifested in the skin, nerves, etc., as well as on mucous membranes, is not sufficiently understood to enable us to speak positively as to its nature.

The laryngeal disease occurs in all, or nearly all, cases of leprosy. It appears secondarily in time to the cutaneous, although occasionally the latter is for a time so slight, in comparison with the affection of the mouth, throat, and larynx, that this assumes prominence.

The three types or forms recognized in the skin affection—*lepra maculosa*, spotted leprosy, *lepra tuberosa*, lumpy leprosy, and *lepra anæsthetica seu mutilans*, anæsthetic or mutilating leprosy—usually occur as stages merely in the laryngeal disease. The first pathological change noticeable is vascular injection; the vessels become very visible, the veins are varicose, then, on spots ordinarily small, but sometimes large, the epithelium is found lost, and in places more or less deep infiltration occurs; hypersecretion is present in almost every case. The infiltrated masses may be seen to be covered with a thick layer of epithelium, of which they are easily deprived, and which is as easily regenerated. These lumps, though at first sometimes very firm, have a decided inclination to ulceration; but the destructive

process does not usually involve more deep-seated structures. Form—changes of various parts of the larynx occur from the infiltration, later from ulceration, and then from cicatrization. The lumen of the upper aperture is almost always interfered with, and, in the progress of the case, stenosis, possibly sometimes to a dangerous and fatal extent, is sure to take place.

By the aid of the laryngoscope, it is usually easy to determine whether and to what extent the larynx is affected in a case of leprosy. At first, dilated blood vessels are seen on the epiglottis, with a peculiar reddish-yellow appearance of the interior of the larynx; then, frequently, gray or dirty discoloration of the vocal bands; and later on, with increased vascularization, the lumps and ulcers. The latter are readily distinguished, from their peculiar appearence and localization, from laryngeal carcinomatous granulations and ulcerations. The diseases which produce similar appearances are lupus, syphilis, and phthisis. The clinical history, and especially the cutaneous and other manifestations generally, make a differential diagnosis between these and laryngeal leprosy a matter of no great difficulty. The intense vascular injection is absent in phthisis, and Dr. Elsberg prefers to avoid the term tubercle, which has come to be identified with phthisis, when designating the lumps or tubers of leprosy.

The peculiarly husky voice of lepers was well known in the middle ages, and constituted an important sign in the *inspectio leprosorum*.

Dyspnœa also occurs in the course of the disease, but cough and pain in the region of the larynx very seldom; there is more or less anæsthesia, and the introduction of instruments produces no re-action.

Deglutition is sometimes affected; but this, too, is comparatively slight and disproportionate to the destruction that may take place in the upper part of the larynx, and the lower portion of the pharynx.

The prognosis of laryngeal leprosy is always unfavorable. The voice cannot be restored, even though life may not be destroyed by the disease of the larynx. In addition to the other therapeutic, and particularly hygienic measures to be adopted in the case of leprous patients, the condition of the larynx requires cleansing spray and soothing local inhalations.

A diluted emulsion of gurjun oil (balsam dipterocarpi), has of late years been praised very highly as a local as well as internal remedy in leprosy.

Applications of saturated solution of iodoform in sulphuric ether, have proved grateful. To prevent death from laryngeal stenosis,

tracheotomy should be performed, but it has not been called for in any case within Dr. Elsberg's knowledge.—*The Medical Record*, January 4th, 1879.

Two Cases of Bilateral Paralysis of the Dilator Muscles of the Glottis. (Musculi Crico-arytænoidei postici.) Cure.—In the December number of the New York *Medical Journal*, Dr. Geo. M. Lefferts, reports two interesting cases of the above obscure and rare affection.

Case I.—The patient, a robust Irish woman of about forty years of age, came under observation first, the 8th of May, 1876, with urgent demands for relief from the difficulty which she experienced in breathing, and which she believed was rapidly growing worse.

The condition she regarded as a recent one, and as having manifested itself, for the first time, only a few days previously; but the occurrence of two or more attacks of paroxysmal and very severe dyspnœa (laryngeal spasm), the night before, had greatly terrified her, and rendered her apprehensive of life.

About five years previously she had had a severe sore throat, which was judged to have been mucous patches of the mouth, but denied absolutely any further secondary manifestations of syphilis, and professed entire ignorance of any such thing as a primary lesion.

Without treatment, in time, the condition bettered itself. In December, 1875, the disease again made itself apparent, this time by extensive ulceration of the fauces, with perforation of the hard palate, discharge of bone, a general eruption—unquestionably a pustular syphilide—osteoscopic pains and neuralgia.

Again time, alone in a few months, made an apparent cure, as far as the healing of the ulcerations and the disappearance of the eruption was concerned, she receiving no treatment in the meantime.

At the expiration of this time, that is, just before the patient came under observation, difficulty in breathing manifested itself. At first the difficulty was slight, and only noticeable after some unusual exertion, and at night, but gradually showed itself during

the day also. The voice remained unaffected. At the time the patient presented herself, the dyspnœa was but moderate, but all inspiratory efforts were attended with considerable muscular effort, and, if forced, were accompanied by contraction of the sterno-cleido-mastoid muscles, sinking inward of the supra-sternal region, and descent of the larynx.

Stridor, though not loud, was plainly audible at some little distance, expiration was noiseless, easy, and short. The voice was but slightly husky, and under other circumstances would have attracted no attention.

There was some cough, but infrequent, and without expectoration. The general condition of the patient was excellent.

The condition of the pharynx gave unquestionable evidence as to the former existence of manifold syphilitic lesions at this point; a large perforation of the hard palate in the median line, near its junction with the velum; above it, over the hard palate, a large, depressed, and stellate cicatrix; two perforations of the right posterior pillar of the fauces, and numerous cicatrices.

The larynx, viewed with the laryngoscope, showed the typical picture, of the glottis in paralysis of the above mentioned muscles, a narrow slit alone between the vocal cords, so narrow that, practically, it amounted to a nearly complete closure of the glottic opening, gaping slightly open during expiration, disappearing on forced inspiration, and narrowed even when the process was quietly conducted.

In phonation, juxtaposition of the vocal cords, and plainly perceptible vibration, the former due alone to the adductive movement of the right vocal cord, the left being motionless.

The laryngeal mucous membrane was slightly reddened, but showed no evidence of any old catarrhal process; its sensibility was undiminished. The question as to whether the condition described was due to a central disorder or to a local affection of the larynx only, either being dependent, in this case, upon the syphilitic diathesis, was easily answered, in the total absence of all or any corroborative symptoms of a central lesion. Moreover, no direct interference by the pressure of tumor or otherwise,

with the trunks of the recurrent or pneumogastric nerves, could be demonstrated.

The laryngeal condition being regarded, as dependent upon some direct and local effect of the syphilitic poison, the patient was placed upon the course of treatment indicated.

On May 8th, she was ordered iodide of potash, in twenty grain doses, with an eighth of a grain of the biniodide of mercury, three times daily, the danger of her condition, and the possible necessity of a resort to tracheotomy being fully explained, and arrangements made for immediate attendance if the necessity should arise.

On May 12th, the potash was increased to twenty-five grains, three times daily.

On the 15th, the patient reported that her breathing had become much easier, and that she had had no further attacks of laryngeal spasm.

On the 22nd, still continued improvement; the laryngoscope showed that there was a decided attempt at abduction of the vocal cords during full inspiration.

On June 5th, this view was confirmed, the improvement being manifest.

June 15th, the patient was again examined, and the abduction of the vocal cords demonstrated to be an absolute fact; even in ordinary inspiration, their separation and the opening of the glottis were nearly complete, although not absolutely so; and a sluggishness of movement in their action was still apparent.

All stridor in the respiratory sounds had disappeared, and the patient expressed herself as free from all embarrassment of respiration, even during active exertion.

The potash, which had been given since May 12th, in twenty-five grain doses, was now decreased to fifteen, and patient discharged with instructions to report in one month's time; this she did, and gave a most satisfactory account of her progress, as far as the rational symptoms went. The laryngoscope showed that the improvement noted above in the movements of the vocal cords had been progressive, and that the glottis was widely opened during inspiration. Adduction of the cords was likewise satis-

factorily performed; a continuance of the potash in diminished doses for a time was advised.

In the second case, all the laryngoscopic appearances and the rational symptoms of paralysis of the posterior crico-arytenoid muscles were even more typically presented than in the one just detailed; its history is as follows:

Case II.—The patient, aged thirty-five, though in former years of delicate health, developed into a strong and robust woman and married at sixteen a man of disipated habits, but, as far as she knew, good constitution. In due time, she was confined and delivered at full term of a perfectly healthy male infant. The child is now living, aged sixteen, and is in all respects strong and well developed.

Ten months later the patient joined her husband, who had been absent from home for that length of time.

Soon after the beginning of her second pregnancy, she became anæmic, lost flesh and strength, and suffered greatly from nausea; at the end of the second month she miscarried, and soon afterward remarked the presence of what, from her description, was undoubtedly a well-marked syphilitic roseola. The third pregnancy resulted in the premature delivery at the end of the seventh month of a still-born badly-developed fœtus. The fourth pregnancy was carried to full term; but the child was still-born and imperfect. In the three following pregnancies, the fifth, sixth and seventh, the children were born at full term, were perfectly developed, but all died a few hours after birth.

The eighth and last pregnancy resulted in abortion at the end of the third month. Since this time, seven years since, the patient had not menstruated, a fact that she attributed to a severe fright received at about that date.

She stated that in October, 1877, although she was not absolute as to the date, she contracted a severe cold; and at the end of a week noticed that her breathing, which had been previously entirely unembarrassed, was difficult, and her voice hoarse.

These symptoms increased rapidly until, on the third day, the dyspnœa became distressing and constant. Under treatment, however, improvement followed, and all the symptoms of what

was probably a severe catarrhal inflammatory attack passed away.

In April, 1878, following fresh exposure, a gradually progressive dyspnœa manifested itself, and was naturally attributed to the same cause as the previous attack; the same treatment was employed, but without avail. At the end of one week, the patient was obliged to give up all active exertion; during the second, paroxysmal attacks of increased dyspnœa occurred at intervals during both the day and night.

She became rapidly reduced in both health and strength, passing most of her time in bed.

Finally, two weeks later, an attack of acute inflammation of the larynx placed the patient in imminent danger to her life, and brought her under observation—June 1, 1878.

At this time, all immediate urgency in the character of the respiratory symptoms had passed away; the grade of dyspnœa was but moderate and purely inspiratory, unless the respirations were accelerated by exertion or conversation.

Stridor was audible and accompanied each inspiration, while expiration was easy and noiseless.

The voice was hoarse and unreliable, and the occasional collection of mucous in the larynx added to the difficulty in breathing until it was removed, sometimes with much trouble. The patient was weak, nervous, and apprehensive.

An examination of the larynx showed that all proper movement in abduction of the vocal cords was wanting.

Powerful inspiratory efforts only succeeded in forcing the edges of the cords together and causing complete linear closure of the glottis.

During quiet respiration, the glottis presented a narrow slit, which was readily closed by attempts at phonation. The entire laryngeal mucous membrane, especially that of the vocal cords, was hyperæmic and, in the latter locality, swollen.

Auscultation revealed a moderate bronchitis; in all other respects except her general debility, the patient presented a favorable condition.

The question as to the causation of the laryngeal condition was not easily determined.

The patient's history as regards syphilis presented an efficient and probable cause, but there also existed a possible one in the catarrhal condition of the larynx; while the history of a former and similar though less serious attack lent an air of probability to the latter hypothesis.

The question likewise as to the necessity of an immediate resort to tracheotomy, could not be ignored. Upon a careful consideration of the whole question as it presented itself, and after ascertaining that the patient could be so situated as to be easily and readily reached in case of necessity for the operation, she was placed upon an anti-syphilitic treatment. Twenty grains of potash with one-eigth grain of biniodide of mercury were ordered to be taken every four hours, and the effects to be carefully watched. The latter were prompt and most satisfactory. The improvement—noted almost from day to day—was rapid, and an examination of the larynx made within one month from the date of commencing treatment showed a perceptible movement outward of the vocal cords when a deep inspiration was taken.

The dyspnœa improved in proportion to the improvement of the size of the glottic opening, as might be expected, and the patient quickly regained her former robust health.

At a demonstration of the patient's larynx held before the New York Laryngological Society in October, 1878, a slight lack of muscular force and immediate response to inspiratory efforts, in abduction of the vocal cords, was alone perceptible. Adduction was in all respects normal.

The patient still continued the treatment with diminished doses of the iodide.

One month later, the laryngeal condition still remained about the same.

Epithelioma of the Tonsil.—At a meeting of the Pathological Society of London, Dec. 3rd, 1878, Mr. Lennox Browne showed a patient suffering from epithelial cancer of the tonsil, a form of new growth in this region, which he believed to be very rare, no such case being recorded in the Pathological Transactions, and

his own experience being that the usual form of tonsillar new growth was that of lympho-sarcoma.

The man was an engine driver, thirty-one years of age, who was first seen six months ago, when he complained of obstruction of the left nostril and pain in the left ear. He then weighed 9 stone; now he weighed 7 stone 4 pounds. A week or two previous he came under Mr. Browne's care. There was then a large lobulated warty growth in the region of the left tonsil; but the tongue, uvula, and pillars of the fauces were quite free. Mr. Browne removed several portions of the growth by means of the galvano-cautery. There was no history of syphilis in the case, and already there was infiltration of glands behind the jaw. His was the eighth case he had seen; the youngest subject was thirty-nine, most of the patients being between forty and fifty years of age.—*The Lancet*, Dec. 3rd, 1878.

Deviation in the Development of the Vocal Cords.—Dr. J. P. Creveling, of Auburn, N. Y., reports the following interesting case of deviation in the development of the vocal cords, the subject was a male Indian, about thirty years of age, who died of tubercular deposit in lungs, with pneumonia. The larynx was removed entire, and divided posteriorly from above downward, between the arytenoid and through the cricoid cartilage.

Folding the sides of the organ outward, a limited deposit of tubercular material was observed in the lower portion, mostly confined to the right side.

The right vocal cord presented nothing unusual; the left was divided at its posterior third into a superior and an inferior fasciculus, the former passing upward and backward to the false cord, its fibres running parallel with and being inserted in common with that ligament at the anterior surface of the arytenoid cartilage. The inferior extended backward, and was inserted into the anterior angle of the same cartilage as usual.

The mucous membrane being carried upward along with the superior fragment, a third ventricle was formed, which was about one-third the normal size, covered with mucous membrane, and rather oval in shape.

The free margin of the right vocal cord measured seven-eighths of an inch in length; the left, as far back as the division, nearly five-eighths; and each fasciculus a fraction more than two-eighths. The motion of the left cord was limited, and its free margin turned upward and somewhat outward, or into the ventricle proper.

The case came under observation a few days before death, but was so extremely feeble that an examination with the laryngoscope was not attempted, and although at that time unable to utter any audible sounds whatever, he had previous to his illness a good voice.—*The Medical Record*, Jan'y 11th, 1879.

An Italian medical journal puts it thus delicately: "Subscribers in arrears of payment are begged to be good enough to put themselves right at once, in order to avoid mental disturbance and personal excitement." We have always regarded "disturbance and personal excitement" as very deleterious.—*Bi Weekly.*

Diphtheria kills five or six children every week. It has already slain more than the yellow fever did last summer. Still, strange to say, we hear of no sanitary measure taken for its suppression. Quarantine is not even mentioned!—*St. L. Clin. Rec.*

Oxalate of Cerium.—Oxalate of cerium, long and favorably known as an excellent sedative to the gastric mucous membrane in the vomiting of pregnancy, proves equally valuable in the annoying cough of phthisis. It should be given in doses of 2 to 2½ grains, repeated every three or four hours. If given in five grain doses, it acts as a general sedative to all the functions.—*St. Louis Clinical Record.*

Cough Mixture.—J. Milner Fothergill says, in the *Philadelphia Times*, that hydrobromic acid, with spirit of chloroform and syrup of squill—and if the case be that of a very agreeable lady and a favorite patient, a few drops of spirit of nutmeg might be added—constitutes an excellent and palatable cough medicine.

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EDITORIAL.

LOCAL MEDICAL SOCIETIES.—We publish under the head of Correspondence a letter from Dr. W. Frank Hines, secretary, informing the readers of this JOURNAL of the organization of The Medical Society of Kent County. We have more than once in the columns of this JOURNAL advocated the importance of organizing medical societies throughout different sections of this state, and have shown the good results which will follow from these local organizations when conducted in a correct manner.

The main object of every medical society should be to advance its members in a knowledge of medicine and in a better understanding of its practice. To secure this object it is necessary that the society should be organized upon an efficient and practical basis, that the individual member should be incited to do his whole duty. To secure an effective working society one or more members should be appointed at each meeting to open the discussion by reading carefully prepared original contributions upon such subjects as will arouse the interest of the membership of the society. The subject should be announced in advance in order that the members may have an opportunity to look up authorities and prepare for participation in the discussions. No subject should be passed by without a free and full discussion by not one, two, or three members, but a majority of the members present. These discussions should be conducted in a frank and liberal manner, due regard being observed for the opinions and experiences advanced, each question met and answered in a spirit of candor and truth. The object of the discussions should be to develope facts, to weigh experience and observation, and sift from chaff grains of truth which will germinate sound practice and correct results. After the discussions of the regular subjects, which have been announced for the meeting, have been properly disposed of the relation of cases, reading of volunteer papers, presentation of pathological specimens, new instruments, new remedies, etc., etc., should occupy a reasonable portion of the time of the meeting.

Each member of a well organized society should be assigned a proportionate share of work, and urged to contribute in some way to the interest of the meetings. It is too often the case that a few progressive spirits do all of the work, nay more all of the talk, to the detriment of the more modest, unobstrusive and equally competent members. One member will consider it his duty and privilege to speak on all questions, another

at first content to be a listener, finally loses all interest and, after a reasonable stand of boring, ceases attendance upon the meetings, or drops in now and then, at a late hour, takes a back seat as a mere observer and steals away the moment the meeting is closed. No medical society will prosper in the true sense of this word when the minority of its members are allowed to do all of the work, when the bold and strong are permitted to crowd out the timid and weak. Perfection in an organization consists in the development of all of its parts, in the harmony and adjustment of every element. A medical society should not be run in the interest of a few, but of all of its members. It is plainly the duty of a society to hold within bounds the progressive and over confident and to encourage and stimulate the shrinking, non working member. It is only in the exercise of all of its functions that any organization can attain the full measure of its many possibilities. The secondary (yet by no means less important), results which follow from a well organized medical society are the moral, social and ethical relations which are established between its members. It is a habit with medical men to boast of the antiquity of medical science, to speak of its development and growth, to call over the great triumphs of recent years, to recount its struggles and disadvantages in the dark ages of the world's history in contrast with the free privileges and institutions of our time. We are proud of our brotherhood and delight in the toils and labors of our noble vocation. We claim towards each professional brother a peculiar tie and sympathy, a bond of union which makes the profession a band of co-laborers in a common cause. These feelings are the outgrowth of a sentiment which is present, in greater or less degree, in every department of human interest. It is a sentiment capable of great development and one which, as a profession, we should cherish. It is the great friend and ally of progress in true science. It is the enemy of empiricism and quackery, which have laid heavy hands upon the medical profession of late years.

As a profession we need more hearty co-operation in such work as tends to advance medical science among other sciences. We have not reached that high plane of culture which will place the profession as a whole upon a vantage ground of dignity second to no other science.

Higher medical education is imperatively needed, but it is too late for those who have passed to the busy fields of practice to retrace their steps through college walls. They must be reached in some other way, and no way is so suggestive as the one open to all, through well organized medical societies, and the volumes of cheap and useful medical literature now within the reach of all.

We are glad to notice the organization of another medical society in this state, and we trust the profession in other counties may be induced to follow the good example of Kent County.

The Protestant Infant Asylum under the management of the ladies of the different protestant denominations in this city, has recently been moved from its location on the Harford Road, to the handsome property on Schroeder Street, formerly occupied by the Union Orphan Asylum.

A Child's Hospital has been established in connection with the Infant Asylum, and the name of this charity has been changed to "Nursery and Child's Hospital."

The lady managers of this institution have been industrious and active in this charitable work, and by systematic and persistent effort have placed this institution in a position of great usefulness. Upon an average over forty infants have been cared for during each month of the past year. Now that a Child's Hospital has been added to the Nursery, the facilities for treating children have been increased and a larger average of patients is expected the coming year. We know of no charity in this city, of similar character, which is capable of doing more good than this and these benevolent ladies are to be praised for their commendable undertaking. A Child's Hospital has long been needed in this city. We are pleased to announce the organization of this institution which is a charity in the full sense of this word.

THE SUMMER COURSE OF LECTURES in the University of Maryland will begin on Monday March 17th, and continue three months. This course is open to all students of the University who have attended the winter course or who propose attending the lectures the coming winter.

AN old woman aged 60, living near Yanceyville, N. C., recently gave birth to twins. She denies that they have a father and says the trouble came from drinking mineral water.

EDITORIAL NOTES.

IT is stated upon good authority that Dr. Roberts Bartholow, of Cincinnati, is very prominently mentioned in connection with the chair of materia medica, in the Jefferson Medical College, Philadelphia, recently made vacant by the death of Prof. J. B. Biddle. Prof. Bartholow is widely known to the profession as a teacher and author of marked ability. He is now Professor of Theory and Practice of Medicine, in the Medical College of Ohio, the leading school in the west, and is in the enjoyment of one of the most leucrative practices in Cincinnati.

THE KENTUCKY STATE MEDICAL SOCIETY will hold its next annual meeting in Danville, Ky., on the last Tuesday of April. The occasion will be one of noted interest to the profession in that state. The remains of Dr. Ephriam McDowell, the first ovariotomist in America, will be removed from their present obscure resting place and consigned to the spot chosen by the McDowell Memorial Association, and ornamented by a beautiful monument, which will be unveiled during the session. Dr. W. L. Atlee had been chosen to make the address upon the occasion but owing to his death another selection has become necessary. It is rumored that Prof. Saml. D. Gross, of Philadelphia, will deliver the eulogy upon the distinguished Kentuckian.

HIGHER MEDICAL EDUCATION.—The St. Louis *Clinical Record*, Dr. Wm. B. Hazard, editor, gives notice that the *Record* will advertise no medical college except those requiring a strict *preliminary examination* of matriculants and attendance upon *three full annual* courses of lectures, of not less than four months each.

Dr. D. W. Yandell, writing about the hard times, says: I am going to economize in every way and in every thing, save and except in my contributions to charities, which I hope will be the last to go, and in medical books and journals. The latter I will have, if to get them requires that I should deny myself all things else. For they, whatever may be said to the contrary, are to the doctor what capital is to the merchant, stock and seed to the farmer, and prices current to trade. They are simply indispensable."

The man who gives as his excuse for not subscribing to a new journal, "I haven't time to read those I already take," is, in nine cases out of ten, a poor tool. The busiest, most successful men in the practice of medicine, are those who read most, and write most. They are the systematic workers; it is only the dawdler and the drone who "can't find time to read."

The Annual Commencement of the College of Physicians and Surgeons was held at the Academy of Music, at 8 o'clock, P. M., March 4th. The valedictory address was delivered by Hon. John Ritchie, and Rev. Dr. Wm. Kirkus delivered an address commemorative of Dr. Thos. R. Brown, late one of the Faculty.

Dr. Thos. W. Kay, of Virginia, won the Cathell Medal, and college distinctions were awarded to Drs. Kay, Branham, Mitchell, Howard, Webb and Rickert.

The Annual Banquet of the Alumni was served at the Eutaw House, which was attended by many of the Alumni and a large number of invited guests.

The Sessions of the medical schools, in this city, which have just closed, have been highly satisfactory and encouraging. Students from nearly every state in the union were in attendance, with several from abroad.

Baltimore is an important medical centre and nowhere can the student find better facilities for the study of medicine, which fact is becoming patent all over the country as is evidenced by the attendance from all points of the compass.

The Annual Commencement of the University of Maryland School of Medicine took place at the Academy of Music at 12 o'clock on Saturday, March 1st.

Rev. Dr. W. U. Murkland delivered the Address to the graduating class.

The annual meeting of the Alumni was held at Rennert's Hotel on the evening of the same day, when Prof. Frank Donaldson, M. D., delivered an address on the life and writings of the late Prof. Chas. Frick, M. D., which was followed by a banquet.

Recent Graduates.—To the many young men who, within the past few days, have been received into the ranks of the profession of medicine, and have received the honorable degree of Doctor of Medicine from the medical schools in this city, we extend the hand of welcome and of fellowship. We know that the trust committed to you by your alma maters is one which you have won by honorable effort, and we trust that each one of you will prize and honor the profession into which you have entered with the best wishes and hopes of those whose duty and pleasure it has been to prepare you for the practice of medicine. Each graduate of medicine is entrusted with a charge of a most responsible character, see to it that you walk worthy of the high calling which you have assumed.

On the threshold of your professional lives begin by the adoption of habits of study and patient observation. Learn to recognize disease in its varied forms and to apply skillful treatment to the many conditions which will come before you. Begin by keeping yourselves thoroughly posted in recent practice. The science, which you have adopted, is ever progressive and it will tax your energies to keep pace with its growth, nevertheless it has a claim upon your time and study, and you can not discharge your full duty as physicians, unless you diligently fathom all of its secrets. Be diligent in study, careful in observation and attentive to your professional engagements, and success will, in all human probability, attend your efforts. We wish the graduating classes of 1879, God speed in life!

BOOKS AND PAMPHLETS.

Modern Medical Therapeutics; a Compendium of Recent Formulæ and Specific Therapeutical Directions. From the Practice of Eminent Contemporary Physicians, American and Foreign. By GEORGE H. NAPHEYS, A. M.; M. D., etc., Sixth Edition, Enlarged and Revised. Published by D. G. Brinton, Philadelphia.

The fifth edition of this most useful volume was reviewed by us twelve months ago. The edition now before us has been enlarged and revised, and contains all of the admirable features of the old editions with much new material added. Perhaps no work published in this country has attained greater popularity than these two volumes of Napheys' medical and surgical therapeutics. They have received the universal endorsement of the profession as is shown by the rapidity with which each addition has been exhausted and the necessity for new editions. To the physician in general practice this volume will be found of great value as a book of reference on a variety of subjects.

Differential Diagnosis; a Manuel of the Comparative Semeiology of the More Important Diseases. By F. de HAVILLAND HALL, M. D., Assistant Physician to the Westminster Hospital, London. Published by D. G. Brinton, Philadelphia.

This is a volume of 200 pages, devoted exclusively to diagnosis. It is so arranged, that the diagnoses of kindred diseases are placed side by side and can be studied by comparison. Chapter I, is devoted to the study of fevers. Chapter II, to diseases of the blood. Part II, treats of local diseases with chapters upon diseases of nervous, respiratory, circulatory and digestive systems. Altogether, this volume contains a good amount of useful information, and will prove serviceable to the reader.

Conspectus of Organic Materia Medica and Pharmacal Botany; Comprising the Vegetable and Animal Drugs. By L. E. SAYRE, P. H. G. Published by D. G. Brinton, Philadelphia.

This book is designed for the use of students of materia medica, and is intended to direct special attention to drugs proper, their characteristic, botanical and geographical origin. The subjects of medical botany and materia medica are divided in such a systematic manner, and so illustrated as to make them attractive and instructive to the student, and to tempt him to persue after more detailed information, and thorough knowledge in fuller manuels and more important text books.

A Practical Manual of the Diseases of Children with a Formulary. By EDWARD ELLIS, M. D. Late Senior Physician to the Victoria Hospital for Sick Children, etc., etc., Third Edition. Published by Wm. Wood & Co., New York. Price $1.00.

This Volume of 210 closely printed papes is the second of the twelve medical books which are being issued monthly by this publishing house. This volume comes up to the standard announced by the publishers, and is a suitable companion for volume one of this series. The object of the author has been to present in this manual—concise and practical descriptions of the principal diseases of children. It is a well written and useful volume. A Formulary, prepared with considerable care, has been added to this volume and will be found of admirable use for reference. We do not know of better literature for the money than will be found in this series of medical works.

Medical Chemistry, Including the Outlines of Organic and Physiological Chemistry. By C. GILBERT WHEELER, Professor of Chemistry in the University of Chicago. Published by Lindsay & Blakiston, Philadelphia.

This volume of over 400 printed pages is devoted exclusively to the outlines of medical chemistry and is intended to set forth in a concise method and form such matter as will be suited to the wants of the student of organic and physiological chemistry. The subjects treated have received comparatively little attention from medical students and physicians, and the necessity for a work of this character will be recognized by the profession. Too little time and study are given to medical chemistry. The lectures upon chemistry in many of the medical colleges in this

country are a mere farce, and practically amount to little. There is no question as to the value of a knowledge of chemistry to every practicing physician. This volume will be found instructive and useful to every medical man.

Clinical Lectures on Diseases Peculiar to Women. By LOMBE ATHILL, M. D., University, Dublin, Master of the Rotunda Hospital, Dublin, etc., etc. Fifth Edition, Revised and Enlarged with Illustrations, For Sale by Turnbull Bros., Baltimore. Price $2.25. Published by Lindsay & Blakiston, Philadelphia, 1879.

This volume of 335 printed pages represents a course of seventeen clinical lectures on the diseases peculiar to women. The object the author has had in view in preparing this book has been not to supply practitioners and students with information already within their reach, but to furnish within the limits of a moderate sized volume, such an account of the diseases of women, brought up to the standard of the most recent period, as would meet their wants. All of the diseases of women are not treated, but such as the practicing physician will meet with in daily work. The volume is designed more as a compendium of the diseases of women. It is well written, handsomely illustrated and printed in a style most creditable to the publishers. It is a volume which will be found eminently useful, and one which we can recommend to both practitioner and student.

Naval Hygiene; Human Health and the Means of Preventing Disease, with Illustrative Incidents Principally Deprived from Naval Experience. By JOSEPH WILSON, M. D., Medical Director U. S. Navy., Second Edition with Colored Lithographs, etc. Published by Lindsay & Blakiston, Philadelphia.

This volume was prepared with a view of being useful to captains of ships on long voyages, and contains rules for the preservation of the health and efficiency of the ship's company.

Whilst not designed for the use of the professional reader it will nevertheless not fail to instruct and interest all students of hygiene. It contains a variety of information which will not fail

to interest even such as are not specially interested in hygienic matters. The book is very handsomely illustrated and printed in a very superior manner.

OBITUARY RECORD.

PROF. THOS. R. BROWN, M. D.

Prof. Thomas Richardson Brown was born in Kent County, Maryland, where his childhood and the summers of his early youth were spent.

He was educated at the University of Maryland School of Letters; and very early in life manifested a disposition for the study of medicine. His father, however, was strongly opposed to this purpose; and positively refused to assist him, or in any way to sanction it. Owing to this opposition he sought and obtained employment in the office of the British consul in Baltimore, where he remained for about two years, discharging the duties of his office to the entire satisfaction of his employers.

In 1864, actuated by a restless desire to see the world, he went to sea on a bark ladened with petroleum, sailing from the port of Baltimore. In what capacity this expedition was undertaken, the writer is unable to say; but the vessel on which he sailed took fire at sea, and all on board were compelled to take to the boats in which they remained until rescued by an Italian Bark, by whose officers they were kindly cared for until safely landed at New York.

Immediately on his return to Baltimore, he began the study of medicine at the University of Maryland, at which institution he graduated in 1866, and at once proceeded to Philadelphia to be examined for admission into the medical corps of the U. S. navy.

On the following month, his examination having been satisfactory, he was commissioned assistant surgeon, and ordered to report to the U. S. receiving ship Alleghany, then lying in the port of Baltimore. In December of the same year he was married to Miss H. R., youngest daughter of John K. Corrington, of Baltimore.

In the spring of 1867, Dr. Brown was ordered to the Flag-Ship "Guerrere," (Rear Admiral Davis commanding,) then fitting out in Boston, and in June sailed for the South Atlantic squadron off Rio.

During his cruise on the South American coast, he was for a short time transferred to the "Pawnee," then in the harbor of Bahia, where he rendered effective service during a severe epidemic of small pox then raging. On his return to the U. S. in 1869, he was for a short time engaged in hospital and other shore duties; but in July of 1870, he resigned from the navy, and began civil practice, locating himself on the corner of Lanvale and Park streets, Baltimore, where he continued to live during the remainder of his life.

He at first engaged in the general practice of medicine and surgery; but with a manifestly strong bias for surgery. He afterwards endeavored to specialize his practice in the department of uterine surgery; and was already meeting with a fair degree of success when his appointment in 1873, to the chair of clinical and operative surgery in the College of Physicians and Surgeons of Baltimore, induced him to abandon this, his specialty, for the wider field of general surgery.

Now for the first time, perhaps, general attention was called to his high qualifications as a surgeon, and his practice began rapidly to extend. Now also he began vigorously to qualify himself for that position before the profession to which he aspired, and for which he justly believed he possessed the requisite capacity. With a strongly marked phthysical history, there can be little doubt that the excessive labor to which his ambition and sense of moral responsibility prompted him was entirely beyond his strength, and had much to do with his early death.

The writings of Prof. Fessenden N. Otis and others having caught and enlisted his attention, soon after his appointment to the chair

of surgery in the College of Physicians and Surgeons, he had the title of his chair altered to that of Clinical and Operative Surgery; and, without abandoning the practice of general surgery, devoted himself with especial assiduity to the practice and study of genito urinary surgery, in which field of research he was a most zealous and intelligent worker. He heartily adopted and practiced the peculiar views of Dr. Otis; and, next to this gentleman, did more to maintain and advance them than any other writer of whom we have any knowledge. Two valuable papers, on "Urethral Stricture;" and "Urethral Fever" were contributed by him to the literature of this subject. They showed diligent research, careful observation, sound judgment, and skillful surgical manipulation. He had published a number of other papers on various surgical subjects, but these were, perhaps, the most notable of his publications.

In May, 1876, he was appointed by Gov. Carroll a member of the board of managers of Spring Grove Asylum for the Insane; and here also he distinguished himself by his zealous and capable attention to the business of that institution.

He was at the time of his death a member of the American Medical Association; of the American Dermatological Association; of the Medical and Chirurgical Faculty of Maryland, and a most active member of all the local medical societies of Baltimore, of one of the largest of which ("The Medical and Surgical,") he was president at the time of his death. There can be no doubt that Prof. Brown was yet in the morning of a life that gave sure promise of a distinguished and useful career, when he died. With a naturally strong and clear judgment, and a well cultivated mind, he lacked only that definite information which years of diligent labor and extended experience alone can give, to place him in a position of unquestioned eminence. He was a gifted speaker, fluent, ornate and forcible and never failed to keep the pleased attention of his class. His professorial duties were exceedingly pleasant to him, though the labor of preparing his lectures, which were prepared with that earnest conscientiousness that characterized all his work, together with his many other duties, sorely overtasked a not overstrong phisique.

He was a genial light hearted man, an excellent raconteur, the light and life of all social circles into which he entered. He was a warm friend, full of genial impulses and kindly sympathies, a most tender and affectionate husband and a devoted father.

He was a frequent sufferer from trivial surgical wounds, which almost always showed an obstinate indisposition to heal, rarely failing to develope what he considered slight septicæmia. In exsecting a shoulder joint some days before his death, his finger was slightly scratched by a fragment of necrosed bone, and the —with him—usual result followed: On the Sunday previous to his death he visited Spring Grove Asylum, and whilst there had an attack of acute indigestion, which on his return home some hours later was followed by a chill; and, in the course of the following night, by a severe attack of angina pectoris. On Monday repeated chills followed by profuse perspiration and extreme prostration awakened the serious apprehension of his medical attendant. On Wednesday, slight dullness on percussion was observed at the posterior and inferior portion of his left lung, which, however, at no time invaded more than one-half of one lung. A slight cough with prune juice expectoration, frequent chills followed by copious perspiration and great prostration, almost entire suppression of urine, and a decidedly comatose tendency characterized the twenty-four hours succeeding Wednesday morning, after which a copious discharge of urine occurred, followed by subsidence of hebetude, which was succeeded by delirium that continued almost uninterruptedly until Sunday morning, when he died.

With no apparent fear of death he yet clung tenaciously to life. This world was to him a green and sunny one, which had given to him a happy home in which to enjoy the fruits of that labor from which love had physicked pain. He was embodied energy; energetically labored, and enthusiastically enjoyed and, fell in front rank after nobly seeking

> "To strive a happy strife,
> To war with evil to the knife,
> And not to lose the good of life."

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ORIGINAL PAPERS.

AN ADDRESS COMMEMORATIVE OF THE LIFE AND WRITINGS OF THE LATE PROF. CHARLES FRICK, OF THE UNIVERSITY OF MARYLAND.

BY FRANK DONALDSON, M. D., PROFESSOR OF PHYSIOLOGY AND HYGIENE, UNIVERSITY OF MARYLAND.

Delivered before the Alumni Association, March 1st, 1879.

Mr. Chairman and Fellow Alumni:

I cheerfully respond to your flattering resolution requesting me to deliver an address to-night on the life and writings of the late Prof. Charles Frick. I do so the more gladly because Dr. Frick having died nineteen years ago, the graduates since that time could not be expected to appreciate his high character and attainments. His cotemporaries with unanimity ranked him among the most gifted of the alumni of this university.

Charles Frick was born at Baltimore, on the 8th day of August, 1823. His father, the Hon. William Frick, was a distinguished member of the Maryland bar, and after filling several posts of prominence, was elected Judge of the Superior Court of Baltimore City, a position which he held at the time of his death, in 1855.

Mr. Frick's early life was characterized in the words of his mother, "by remarkable sweetness of temper, by a careful observance of the rights of his companions, by unusual quickness in the acquisition of knowledge, and by a spirit of self-abnegation and a forbearance towards the weak and unfortunate which secured him the esteem and admiration of all who knew him."

His classical and mathematical education was completed at Baltimore College, under President Prentiss, who was heard to say, a few years before his death, that he had been the cleverest boy he had ever had under his charge. After leaving college, he selected the profession of engineering, and was employed for a while, as an assistant, on the Baltimore and Ohio Railroad.

In the spring of 1843, he began the study of medicine with his friend, Dr. Thomas H. Buckler, and in the ensuing autumn, attended a partial course of lectures in the University of Maryland. At the close of the session, he was admitted as a resident pupil in the hospital attached to the Baltimore City and County Alms-house, averaging about six hundred inmates, with two hundred beds for the sick, and a lying-in department. Mr. Frick took the deepest interest in his cases, discussing, with his young colleagues, their diagnoses and treatment, and never failing to examine the bodies of those who died. He was the first to keep a daily record of the diseases as they were admitted, finding that it gave accuracy to his reports, while it improved his methodical habits, which were afterwards of great service to him.

Professor William Power, a brother-in-law of Mr. Frick, having several years previously returned from Paris, where he had been a favorite pupil of the great Louis, was the first to introduce a knowledge of auscultation into the practice in Baltimore. To this department, in the first instance, Mr. Frick's attention was attracted, and to acquire a familiar knowledge of it, he applied the zeal and energy always characteristic of him. The accuracy and beauty of this science warmed him into enthusiasm, and at hours when the other students thought they could sit and smoke together, he was often discovered wandering about from bed to bed, with stethoscope in hand, marking out the limits of the diseases of the heart and lungs. In this way, not unfrequently, he would ferret out, in the old chronic wards, some rasping murmur, or, perhaps, some heretofore unsuspected aneurism. To him the house was never destitute of interest, even when others complained of the dullness of the wards ; for his time and his thoughts were always employed in investigating disease. His talk was of medical cases, and his accurate ear, and, still more, his great attention, together with his power of discrimination and analysis, soon made him a fine auscultator. Yet he never hastily formed his opinions merely from physical signs, but gave them their due correlative value, when associated with the subjective symptoms. He recognized the true principle that, by themselves, they were indications of physical

conditions, and not of pathological lesions. The dead-house was to him a source of great interest, for his favorite authors were Louis, Andral and Chomel, of the pathological school, all of whom taught him that descriptions of disease were valueless, unless the daily details of their progress were carefully recorded, together with the post-mortem lesions, not merely of those organs that appeared to bear upon a particular point of their history, but of all of them, as minutely as the modes of examination then accessible permitted. When others would weary of the unpleasant work, Mr. Frick would remain, and try "to search for truth even to the centre," at the expense of any amount of time and trouble. When he left the Almshouse at the end of his year, he carried with him, besides a number of anatomical preparations, the details of a large number of cases of disease, hoarded up in the store-house of his memory for future use.

We may be permitted here, at the close, of his student's life, to allude to one point in Dr. Frick's character, which was true of him to the day of his death. He was of a social disposition, and having many warmly attached friends among the young men, was present at their numerous convivial entertainments, yet he never was known at any time to exceed moderation; he always knew where to stop. His judgment was never clouded, for although the jovial friend, and full of fun and merriment, yet he was always ready to attend to, what was with him of paramount importance, the calls of professional duty.

In March, 1845, he took the degree of Doctor of Medicine, in this university where, twelve years subsequently, he was elevated to a professorship. His inaugural thesis was written on Puerperal Fever, and contained numerous cases which he had himself carefully observed. In this he manfully maintained its contagious character, and ably criticised Nunnelly's view of its identity with the erysipelas.

Dr. Frick's first article appeared in the April number of the American Journal of the Medical Sciences, 1846. It consisted of reports of cases of Remittent Fever made by Dr. Washington F. Anderson and himself, together with remarks by Dr. Alfred Stillé of Philadelphia. Its value may be judged of from the fact that it was extensively quoted in Bartlett's book on fevers, and, indeed, in all systematic treatises in which remittent fever is included, as an important contribution to our knowledge of its pathology. Louis' valuable treatise on Typhoid Fever had made its appearance in 1836, establishing the characteristic lesions of that disease. It had had the effect of attracting attention to other fevers, and Dr. Stewardson pub-

lished, in 1841, his paper on the lesions of Remittent Fever, for the first time showing that the anatomical characteristics of the disease were the condition of the liver, which was enlarged with its consistence diminished, especially of the right lobe, and its color changed to that of a slate or bronze, the surface of a section being polished. Dr. Stewardson's cases were only nine in number, and Frick and Anderson's were eleven, with one of pneumonia, in a patient who had had remittent fever from the pathological lesions of which he had not recovered.

The great value of these observations consisted in their confirming those of Dr. Stewardson, and establishing the fact of the uniformity of the softening of tissue of various organs, but especially of the liver, spleen, and heart. Thus we have had a point of pathology fixed, and material aid afforded to a clear classification of essential, idiopathic fevers.

Soon after graduating, Dr. Frick opened an office, in the spring of 1845, with his friend Dr. Stedman R. Tilghman, whose talents for surgery gave great promise of usefulness and distinction. As is usually the case in large cities, these young practitioners made but little progress in the first two years, and Dr. Tilghman, having received an offer of the position of surgeon in one of the volunteer corps in the Mexican war, gladly accepted it. The climate of Mexico and the hardships of the campaign overcame his once vigorous constitution, and he died the following summer. Dr. Frick patiently struggled on, and organized, with three of his friends, in the fall of 1847, the Maryland Medical Institute, a preparatory school of medicine, he taking the department of Practical Medicine. This gave him occupation of a pleasant kind, and developed a talent for teaching, which, a few years later, made him a very acceptable professor.

M. Andral's little book on the blood, containing, as it did, his important researches as to its organic constituents, had given Dr. Frick, when but a student, a taste for animal chemistry, which soon ripened into a fondness for it. With the fund of knowledge he had accumulated by his hard study and his year's experience in a large hospital, he yet felt the necessity for still further aids to diagnosis, and had a strong desire to dive deeper into the human currents. He therefore cultivated his knowledge of chemistry, in which, in fact, he had almost entirely educated himself, for he had had but littlea ssistance from others.

In January, 1848, he published in the *American Journal of Medi-*

cal Sciences the results of his analyses of the blood, which as he stated, he had undertaken with no view of supporting any particular theory in regard to the chemical changes the blood undergoes in disease, but to determine its healthy composition as a standard formula, in order to be able to note any alterations which disease might effect, and thus prove of assistance in diagnosis or treatment. Although Andral had already done a great deal in ascertaining the changes disease produces in the organic elements, yet it seemed to him that there was an ample field in the study of the inorganic changes. This article of Dr. Frick gave him a place among the most distinguished medical writers of his time, and in modern works on animal chemistry, these investigations are quoted side by side with those of Lehman, Becquerel, Bodier and Simon. In Ancell's treatise on tuberculosis, Dr. Frick's analyses of the organic and inorganic ingredients of the blood in that disease are given with minuteness and in detail.

The care and labor which he bestowed upon these analyses were very great. He systematically tabulated every ingredient, with all the concomitant or modifying circumstances, in one hundred and fifty cases, including many of the principal diseases, such as tubercular phthisis, idiopathic fevers, rheumatism, and anæmia. As evidence of his patient spirit in his investigation of scientific facts, and his perfect fairness in his deductions, it ought to be stated that in his conclusions he rejected no less than seventy of these troublesome analyses, because there was some little point in the diagnosis or in the process which he considered as uncertain,

We cannot of course in the brief space occupied by this address, attempt to give a synopsis of this interesting paper; yet there are one or two results arrived at, which are so identified with the author's reputation that we must call attention to them. In regard to the normal proportion of lime, soda, potash and phosphoric acid, they were almost identical with those of Nasse and Enderlin. One curious fact established was that the quantity of the chlorides and phosphates of soda and potash is dependent, not upon the particular disease, but upon the season of the year in which the examination is made. Thus the average for these salts is much higher during the winter and spring months, than it is in the summer and fall. This fact he explains by the increased exhalations from the skin during warm weather. He asks if this does not correct the idea, which had become prevalent, that there was a diminution of these salts in the essential fevers, which usually occur in the summer and fall. Andral had reported that in

purpura hæmorrhagica, which he considered a kind of hemorrhage, the fibrine was diminished, and Franz Simon had found it reduced in one case as low as 0.905, but in Dr. Frick's analysis it was increased even as high as 4.204. Moreover he states that the blood had not the peculiar dissolved appearance commonly described, but the clot and the serum were found to be perfectly separable, whereas, the red globules were diminished in each individual case, making the average considerably below that of health. In the same disease the proportion of the iron to the one hundred and twenty-seven parts of red globules was far above the normal quantity, the average being nearly one-half more. The chlorides and phosphates were also increased, while the amount of lime was diminished to less than one-half, the average being 0.082.

Dr. Frick's paper concludes with the remark, that ultimate chemistry plays a most important part in the production of disease; and in unravelling the tangled web of pathological hæmatology, hereafter its assistance must principally be relied on.

In the same year, 1848, in the October number of the "American Journal of Medical Science," Dr. Frick reported some cases of oxaluria, based upon Golding Bird's views that the oxalate of lime was not found in healthy urine. In 1857, he acknowledged, with a frankness characteristic of his noble nature, he was mistaken, and that, as it was a normal constituent, his cases were valueless.

In October, 1849, Dr. Frick was elected Attending Physician to the Maryland Penitentiary, a position which he filled for seven years. His yearly reports to the Trustees all contain data collected from observations of the effect of the confinement upon the inmates, which are of interest and value.

He took the pains, after examining the convicts when admitted, to weigh them systematically every six months for years, carefully tabulating the results, in order to ascertain what they lost or gained in weight under the influence of their imprisonment, comparing the different occupations, diet, etc., upon both the whites and the blacks. He made the hygiene of the institution his especial study, and his practical suggestions were found to promote, in many ways, both the comfort and health of the inmates. As evidence of this, we find that of three hundred and eighty admissions, in the course of three years, only one case of tubercular phthisis had its origin within the prison.

Before Dr. Frick left the Alms-house, urinary pathology had become a favorite study with him, and he was pronounced a few years after-

wards, by Professor John A. Swett of New York, who had himself paid much attention to this class of diseases, as the most reliable authority in regard to them in the United States.

As the fruits of his labor in this field, previously so little explored, he published, in 1850, his volume on "Renal Diseases." He states in his preface that his motive was to simplify the study of urinary pathology and to make it attractive to others. This he admirably succeeded in, together with giving to the medical public many valuable hints and some important truths. One great beauty of Dr. Frick's mind was that it was so well balanced that, with all his enthusiasm, he never had hobbies,—he did not over estimate the importance of any one set of symptoms. As proof of this, we call attention to the introduction to this volume, where he was decidedly in advance of others who had written upon the same subject when he urged his readers not to place too much confidence on the mere examination of the urine, either chemically or microscopically; claiming for it the same relative position that auscultation occupied in thoracic diseases, their signification to be interpreted by the other symptoms. Although this work was published 29 years ago, a second edition could be rendered au courant by a few additions, such as subsequent treaties would readily furnish. It now stands on record as a valuable contribution, very creditable to its author, to a branch of pathology previously but little understood. There is one point, however, which, in justice to Dr. Frick's reputation, we cannot pass by unnoticed, because he had been entirely misunderstood by Golding Bird, who had represented dumb-bell crystals as composed of oxalate of lime, and afterwards of oxaluret of lime. Dr. Frick, in this book, and in an article in the "American Journal," in 1850, acknowledged a form of dumb-bell crystals of oxalate of lime, but stated that he had met with crystals of the dumb-bell shape of uric acid, especially at the period of disintegration of the ordinary rhomboid crystals. It is singular that Dr. Frick should have been misunderstood; for, both in his work and in the journal article, he gave drawings from the field of the microscope, representing the process of the gradual formation of these uric acid dumb-bells. Dr. Frick's views on this point are now very generally adopted, and it is admitted that Golding Bird was entirely too exclusive on this point, for crystals of the same curious shape are sometimes met with, formed of urate of soda, and we have also seen them of carbonate of lime, of which Robin, and Verdeil give drawings,

showing them more perfect in their augular form than when composed of oxalate of lime.

In July, 1852, in the "American Journal of Medical Sciences," will be found a report from Dr. Frick of some cases of diabetes mellitus, giving in minute detail, the symptoms as they presented themselves, with carefully drawn up tables, showing the influence of the various treatments upon the course of the disease, as well as that of the different diets, animal, farinaceous, and vegetable. This paper is valuable as confirmatory, by close clinical observation, of M. Bernard's view of the formation of glycogene in the liver. So minutely and carefully is everything having any bearing, either upon the nature of the disease, its hygienic or therapeutical treatment, recorded in these cases, that it was spoken of to the writer of this address by one of the most eminent medical authors of this country, as a model paper.

In October, 1853, Dr. Frick married Achsah Sargent, the eldest daughter of the Rev. Thomas B. Sargent, D. D., of Baltimore, a distinguished methodist clergyman.

In June, 1854, he read before the Medical and Chirurgical Faculty of Maryland, at their annual meeting, a paper on the diuretic properties of different drugs, as shown by his experiments in no less than two thousand separate observations on the inmates of the prison. There were the average results obtained from the examination of a large number of cases taking the same remedy. Every precaution was taken by him to have the results accurate, by making allowance for the condition, age, and other controlling ciscumstances, in each case. Notwithstanding Becquerel and Bird's published works had shown that the quantity of fluid passed is no test. of itself, of the increased or diminished function of the kidneys; but that the quantity of the solid materials is the real test, yet the division of diuretics into two classes. the hydragogue and depurative, was generally completely ignored. In his paper, Dr. Frick draws particular attention to this distinction, insisting upon its importance, demonstrating that very frequently the extra amount of urine passed is owing to the perspiratory functions being less active, or to the amount of water imbibed greater; whereas the number of grains of solid material represent the elements of the worn-out tissues and those substances which, although absorbed by the blood, subserve none of the purposes of nutrition, and therefore seek an outlet by the kidneys.

In these experiments Dr. Frick arrived at some novel results. The sulphate of quinine, three grains, with sulphate of iron, one grain,

was the most powerful diuretic, producing 57 fluid ounces, containing 1,248 grains of solid material, 700 being the natural average. Next in value was juniper tea, causing discharge of 56 fluid ounces, with 1134 grains. Below these two came in order the prussiate of iron, sulphate of iron, and acetate of potash. Sweet spirits of nitre, generally considered so valuable as a diuretic, did not increase in the least the fluid, and the solids to a very slight extent, in fact only 782 grains. Morphia and strychnia decreased both the fluid and the solids.

In connection with urinary pathology, Dr. Frick tried to clear up the indefinite ideas generally prevalent at that time in regard to Bright's disease. In a paper read before the Baltimore Pathological Society, in 1855, and published among its transactions in the *Virginia Medical Journal*, and still later, in two clinical lectures published in the *American Medical Monthly*, of New York, he substantiates the general belief that the mere presence of albumen does not show, as the distinguished discoverer of the disease taught, that there is any Bright's disease; but that it may be owing to simple congestion, or to pressure, as in pregnancy, etc. Dr. Frick believed, with Jones and Sieveking, that a diseased state of the blood is the essential cause of renal degeneration, and that this consists in an abnormal state of the natural constituents, probably of the albumen or fibrine, which induces an unhealthy nutrition of the renal tissues. He made a broad distinction between the enlarged kidney from degenerative disease, and the contracted, granular kidney, resembling cirrhosis. Dr. Frick taught that the presence of fibrinous casts of the tubes containing spherical epithelium, and sometimes blood corpuscles, indicate congestion or inflammation of the tubuli, and nothing else; but if these epithelial cells are enlarged, and their walls thickened, making them unusually opaque, if they are in sufficient quantity to block up the channel of the tubes, and, moreover, contain a certain quantity of oil-globules, we can have no doubt as to the nature of the disease. Equally important is it, when the casts are almost solid, containing more or less oil, but no epithelium, showing that the epithelial cells have been already thrown off, and the nutrition of the part is incapable of forming them anew.

During these years that he was doing so much for the science, his reputation at home was gradually increasing his business as a practitioner, but not in proportion to his acknowledged merits. He was occasionally discouraged, but he knew if he persevered his success was inevitable; so, with a bold but patient spirit, he did persevere, all the time endeavoring to prepare himself the better to attend to the

cure of disease, in all and any shape it might present itself. He had many resources with which to fill up his spare time profitably and pleasantly.

Belonging to a family remarkable for their cultivated intelligence, he had early in life acquired a fondness for general literature, with an appreciative taste for the fine arts. The study of the natural sciences was very attractive to him, and he would have enjoyed spending much of his time upon them. Moreover, his social position gave him access to the most refined and educated of the community, and his cordial manners made him a welcome visitor. Although his profession was the first object with him, yet he thought it his duty to cultivate himself as a member of society. He followed the advice he gave to the graduating class, when he said, "You should bear in mind always that you are members of an intelligent and civilized society, and that, as such, you are bound to use all your ability to multiply and diffuse the heaven-born blessings, which tend to adorn and dignify the social relation of man, and that constitute the greatest source of human happiness. Remember that the tendency of every pursuit is to give a certain narrowness to each individual's mind, whereby he accords too great importance to his own occupation, and underrates all others. In your leisure moments, therefore, endeavor in a knowledge of the useful and elegant arts, and in the charms of polite literature, to enlarge those acquirements, which are common to all educated men."

During the years 1855 and 1856, Dr. Frick took a prominent part in the Baltimore Pathological Society. The proceedings of this society, as found in Dr. Van Bibber's reports in the Virginia Medical Journal, contain some valuable papers from his pen. In this association, consisting, besides men of his own age and date, of some of the older members of the profession in the city, he was looked up and listened to with marked attention. In the discussions, especially on urinary pathology, he was eagerly appealed to as an authority.

On the establishment, in 1856, of the Maryland College of Pharmacy, Dr. Frick was selected to fill the chair of materia medica. His accurate knowledge of his subject, and his peculiarly apt and impressive mode of imparting his information, soon established his reputation as a lecturer. For two years he taught with signal success. He had no small share in starting on a sure basis this college, organized to promote the standard of education among apothecaries.

In the summer of 1856, he made a tour of a few months in Europe visiting, with interest and profit, the hospitals in Paris and in London.

He could not but have been gratified at his cordial reception, by the great pathologists, Paget, Todd, Bence, Jones and Trousseau, particularly when he found that it was in consequence of their familiarity with his scientific papers, and their high appreciation of them. He speaks glowingly in his journal of his enjoyment of the good and the beautiful in art and in nature, which he met with in his travels; but that which particularly attracted his attention, and had most beauty in his eyes, was anything connected with his favorite study. August 31st he says: "I have never seen anything so beautiful as the Alpine Flora; on every side, quantities of aconite with its tall spike of blue hoods, the delicate little campanella with its bell shaped cup, and the 'modest blue gentian' skirting the glaciers. And throughout Switzerland, I met with quantities of colchicum." Everywhere he kept in view his lectureship, as was shown from his bringing home with him, a number of rare specimens of materia medica he had collected as he went along.

On returning from Europe Dr. Frick recommenced his private practice with his accustomed energy and activity. Already his name had been mentioned in other schools of medicine, and he had been written to about them; but he would not consent, even to be offered a professorship elsewhere, for he considered himself as permanently moored in Baltimore; and we question whether the most lucrative chair in the country could have enticed him away. His friendships and social connections were very strong and he did not think a man could be a good teacher of medicine unless he was an active practitioner, daily meeting with the trials as well as successes necessarily attendant upon such a life. Dr. Frick thought that it would be indelicate in him to apply for a place in the school of medicine in his own city, particularly when the faculty, composed as it was entirely of medical men had the selection. His high-toned sense of honour shrank from such obtrusiveness. But this was unnecessary, for, as another friend of his has expressed it, "in 1858 a vacancy occurred in the faculty of the University of Maryland, where upon all eyes were turned towards Dr. Frick, as the man above all others in the medical profession of our city, whose entire fitness for the chair was pre-eminent and undeniable; and when the faculty in verification of the universally expressed opinion, elevated him to the professorship of materia medica and therapeutics, most hearty congratulations were offered, as well to the new Professor as to his colleagues; and most confident predictions were uttered as to his success as a teacher, and the considerable part

he was likely to take in extruding the usefulness and reputation of the institution."

Immediately on being appointed to the Professorship, he took charge of the medical department of the Baltimore Infirmary, as visiting physician. This was, perhaps, to him, the most attractive part of his new field, because, to render his general course of lectures complete, he would be obliged to include much of traditional teaching in regard to the action of remedies, about which he was by no means satisfied; although he endeavored, as far as possible, to guard against the excessive use of drugs, and a too great reliance upon them, without attending to the hygienic management, such as the regimen and the nursing, upon which he laid much stress. At the hospital, with cases of intricate disease to investigate, he was perfectly at home; and he had an opportunity of practically testing the value of the remedies of which he spoke at the university. His great familiarity with all the modern modes of searching into morbid phenomena, being an expert auscultator, a fine analytical chemist, his dexterity in the use of the microscope, and, above all, his patient, unwearying industry, made him a remarkably accurate diagnostician. This of itself, fixed the attention and excited the admiration of a large class of students, who followed his daily visits. He was willing and anxious to impart his knowledge, and spared no pains to render all clear to them. His uniform kindness attached them to his person, and his perfect frankness in regard to his opinions, confessing, as he always did, when he was in doubt, or when he had made an erroneous diagnosis, gave them great confidence in his judgment.

As a lecturer he was equally fortunate. He was listened to with marked attention, and even when speaking of dry details of the drugs themselves, he made his subject one of interest to them. In reading over his lectures, we find scattered through them many original views based upon his own observation, and had we the time, we would like to make extracts of the most valuable. In regard to the medical controversies of his day, Dr. Frick did not hesitate to express his opinions as he had matured them. Of that in relation to blood letting, he did not disbelieve that it was sometimes useful in pneumonia and other inflammatory diseases, but he taught that it was inadmissible in in any other than the forming stage of the disease, and even then only with a view of relieving the pressing dyspnœa, when it was to be resorted to with great caution, on account of its depriving the blood of its red globules, essential to its nutritive functions. In the important change

visible everywhere in the treatment of inflammations, he did not deny the theory of Watson and others, that there had been a change of type of disease, but, to use his own words "one great cause of the change in regard to active treatment including venesection, is the better observation of diseases, their progress, and results of remedies upon them."

In 1858, Dr. Frick made a report to the Pathological Society, containing his interesting investigations in regard to vaccination and revaccination. The whole number of revaccinations observed by him was six hundred and twelve. Vaccinia being acknowledged now as variola reduced to its minimum, it is curious that, whereas in the latter the percentage of persons taking it twice is only five per cent., in the former Dr. Frick found the percentage of successful revaccinations in private practice was thirty-one per cent. and in the prison was twenty-one per cent. He found that the susceptibility of individuals to vaccination was not modified by age; and, what was still more curious, that the percentage of successful revaccinations was not greater as the years increased. So he concluded, not only that there was no particular age at which individuals are most liable to successful revaccination but that the protection vaccine virus affords, contrary to the received impression, does not diminish by time, but is modified by the peculiarities of the individual's constitution, which can only be ascertained by experiment.

We do not feel justified in concluding this address without speaking of perhaps, the most suggestive of Dr. Frick's productions,—his essay on the "Formation of Urinary Calculi," published in the American Medical Monthly, of New York, in April, 1858. He frankly acknowledged the error he had fallen into, or, more properly speaking, had been led into, by Golding Bird, and other urinary pathologists, of explaining and naming diseases in accordance with the nature and quantity of the various substances contained in the urine. He there states emphatically, "that the distinction into the uric, oxalic, and phosphatic diatheses, is no longer tenable."

As to the origin of urea, the most important ingredient, in a physiological point of view, of the whole urinary secretion, Dr. Frick was led by his own investigations to differ from Liebig and Bischoff, who maintained that it was derived entirely from the metamorphosis of the nitrogenous tissues, and to agree with Lehmann and Schmidt, in admitting this source, but asserting, that, in addition, the quantity is increased by the ingesta of nitrogenous food. The immediate forma-

tion of urea he believed with Liebig and Dr. William A. Hammond, to be from the oxidation of uric acid, which he considered a substance one degree higher in the scale of descending metamorphosis of matter. Dr. Frick acknowledged that uric acid is a normal constituent of the blood, and that in acute and chronic gout there is always an abnormal quantity present, whereas, in rheumatism, the reverse is the case, the excess being in the urine, and the deficiency in the blood. To do Dr. Frick's views justice on this important point, we feel we ought to quote his own clear and expressive words: "But it is important to know that a deposit of this acid or its salts does not always occur because there is an excess. Indeed such is never the case from excess alone. To be excreted from the blood at all, it must be in solution, and as it is then removed from the laws of vitality, and free to be influenced by chemical re-action alone, the cause of deposition whilst in the urinary passages must be looked for either in the composition of the urine itself, or in the condition of the membrane over which it passes. The forms in which this substance is found to exist as a deposit are urate of soda, urate of ammonia, and, now more rarely, urate of lime. Now ammonia, as is well known, is not a constituent of healthy urine, but results from decomposition of the urea, either before or after emission. The existence, therefore, of urate of ammonia implies that decomposition has taken place after secretion. This decomposition is more likely to occur in the bladder than elsewhere; and hence, calculi of urate of ammonia should be most commonly found in this viscus. Such is really the case. Urate of soda, on the other hand, is the normal condition in which uric acid exists in solution; and if ammonia alone be produced by decomposition, the urate will be found in this form. Again: if, from decomposition, a stronger acid than the uric be developed, this acid will unite with the soda, the result will be a deposit of uric acid alone. It is exceedingly rare for urine, on its emission, to contain free uric acid or urates as a deposit. It is apparently so, for these changes are produced in a short time from the metamorphosis of the pigment into lactic acid, and sometimes also acetic acid, by the influence of the mucus of the urinary passages." This he imputes to what Sherer had called "acid urinary fermentation." The ferment can easily be removed by boiling fresh urine, by adding alcohol to it, or, still better, by filtering it. This fermentation can take place either out of the bladder or before it is voided.

For this reason Dr. Frick could no longer recognize a uric acid

diathesis, inasmuch as the increased amount is simply due to a departure from ordinary physiological laws; and the deposit to changes taking place in effete organic matter. In the same way, phosphoric acid, being a normal constituent of urine, is derived from the blood, and the amount is increased only in one class of diseases, and that is inflammation of the brain itself, it being a phosphorized tissue. Thus there is no ground for the phosphatic diathesis theory. Dr. Frick calls attention here to the fact how exceedingly common it is to find the phosphates in the urine of persons who, from paralysis or other causes, have lost the ability to empty their bladder, or who have chronic inflammation of this organ. In this latter case, an undue amount of altered mucus is secreted, which, acting as a ferment upon the urea, produces, as a result ammonia, by which the acid reaction of the urine is removed, and the phosphates at the same time deposited. We must, therefore, look for the causes of phosphatic calculi almost entirely in the bladder itself, renal calculi being nearly exclusively of oxalate of lime and uric acid. In regard to oxalate of lime, Lehmann had shown it to be an ingredient of healthy urine, by exposing it out of doors to a temperature just below 32° Fahr., by which means the water alone freezes; the urine concentrates slowly, and the crystals are found in the deposit, in the form of octahedra.

These chief constituents of calculi, uric acid, the phosphates and oxalate of urine, being healthy constituents of the urine, a deposit of any one of them by no means proves it is in excess. It may even be coincident with a diminution, and therefore it is fair to conclude, with Dr. Frick, that these diatheses, as they were called, do not really exist. Having established this point, he shows that calculi are most common in England, Holland, and in the north-western part of France, where these is a great humidity of the air. This unusual amount of vapor in the atmosphere has the indirect effect, as is familiarly known as to the bronchi, of irritating the mucus passages generally, and of those of the urinary organs in particular, by interfering with the normal action of the skin, and thus giving the kidneys extra duty, and altering the mucus epithelium either in quantity or quality. Moreover analyses have shown other facts having an important bearing upon this point. For we now know that these calculi contain much animal matter, sometimes as nuclei, in the shape of clots of blood, mucus, or epithelium, and calculi are frequently met with where there has been stricture of the urethra, disease of the prostate, and organic disease of the kidneys, ureters, and bladder. Then again it has been long observed

that foreign substances in the bladder act almost invariably the part of nuclei of calculi.

These facts all appear to render Dr. Frick's views correct, in attributing to morbid secretions, whether blood, albumen, or epithelium, resulting from chronic or acute irritation of the bladder, the credit of the formation of calculi, and not, as has been heretofore supposed to the composition of the urine. Such being the case, in order to prevent their formation or re formation, he advises that the remedies be addressed to the urinary passages themselves, and not to their secretions.

This article shows how unwilling he was to grope on in the dark, taking for granted what other men had written. He thus searches after truth, and throws valuable light upon important points in pathology.

Dr. Frick's last publication was one made by his class, being his lecture on Diuretics. It is a clear exposition of his views on the action of a class of remedies which he had thoroughly studied. It is scientific, yet very practical.

We have thus traced, step by step, Dr. Frick's career, short in duration, but valuable in its results to science. Our motive has been to do justice to his talents and his labors ; and to leave on record, for those who follow him, his bright example, demonstrating how much can be accomplished by persevering industry and unwavering adherence to high principal and truth.

For a due appreciation of the force of Dr. Frick's character, it ought to be known that, from the moment of his commencing his medical studies to the time of his receiving the appointment at the university, he was struggling under the depressing influence of pecuniary embarrassment. His proud spirit was almost broken from feeling so acutely the sting of temporary obligation from even his own brothers ; yet he never flagged in the study and investigation of truth. Nor could offers which we know were made to him, to go into business of a very lucrative kind, tempt him to abandon the profession of his choice and of his affection.

Before concluding this narative with the last sad and painful scenes of his life, we must be allowed to speak of the high estimate in which he was held in his native city, by his professional brethren. He was considered, not only as ocoupying an eminent, position in science, but as destined to be a prominent practitioner ; for, with all his high scientific attainments, he was exceedingly practical, and his investiga-

tions had a direct bearing upon practical medicine. He was looked up to with reverence by men of his own date ; and, over the younger men, he had unbounded influence. His elders in medicine had already learned his value, and were availing themselves of his knowledge in consultations.

He was acknowledged to be the very man for the times, in which a great revolutionary movement was going on in medical doctrines, when some were disposed, in the re-action from polypharmacy, to go to the other extreme, and become skeptical of the value of therapeutical agents. He was not credulous, but he did not permit his incredulity to shake his belief in all medication. He was not willing to be led by tradition in medical science, but he was ready to trust the statement of others, when they were based upon reliable experiments. He had it is true, very little confidence in the mere dicta of men, however eminent, because no one knew better than he did, upon how loose and unscientific foundations the reputation of drugs had often commenced. He was conservative in the best sense of the word. He was for preserving the truly valuable of the old in medicine and only in favor of the new, when it was the growth of healthful progress. With all his enthusiasm, he was deliberate in the formation of his opinions and never intolerant of those who differed from him. As a practitioner, he was highly esteemed, for he was sympathizing, kind and attentive. He was thorough in his examinations, and careful and watchful in his treatment.

His modesty was remarked upon by all who were thrown with him. He but rarely spoke of himself and of his successful cases —he would have considered anything like boasting as the worse form of professional advertising.

There was in Dr. Frick, not only intellect cultivation, industry, and love of Science. "These are qualities which we cannot but admire, but of themselves they do not inspire love for the individual." He had something far higher than these, nature's endowments well cultivated, he possessed traits of the heart that endeared him to all. He had the faculty of making all he was thrown with, in and out of the profession, his friends. It was kindness and affection on his part towards others, which inspired the same feeling from others towards him. These qualities of his better man had been kept alive by the fuel of increasing acts of

kindness to all about and around him. He had that rare combination of strong masculine points of character, such as courage, self-possession, firmness and decision, with those gentler ones which we look for in the other sex, but which when found in the manly character, give it softness and attractiveness. These "womanly virtues" as they have been termed, of gentleness, forbearance towards others, he had happily blended with the sterner virtues. It was these traits that won the affection of his patients. Even the convicts of the Penitentiary were softened by his uniform kindness. I knew him when a student at the Alms-house to weep at the death of a pauper, so interested had he be become in her while attending her. He never looked upon cases of diseases in a cold, professional way, for his warm heart forbade such heartlessness. He could not lose sight of the fact that it was suffering humanity, he was called upon to relieve. Among the members of the profession, he was everywhere recognized as the high-toned gentleman, whose nice and delicate sense of honor never permitted him to mistrust others; his own dictates rendered unnecessary any code of ethics.

Dr. Frick had been connected with the University for two years with entire satisfaction to all parties, and as he advanced in reputation and in practice, he devoted himself with increased energy to the acquisition of knowledge. He seemed about to reap the fruit of all his labor and to have his patience rewarded by a success in life, of which he might have been proud. He was attending to the active duties of his noble avocation, cheered by his present prosperous state, and buoyant with bright hopes of the future. He was the pride of his friends and the ornament of his profession. On Tuesday, 20th day of March, 1860, he performed, at the infirmary, the operation of tracheotomy upon a negro woman who was sinking from epidemic diphtheria. From early childhood, he had shown peculiar susceptibility to idiopathic poisons. He never attended a case of scarlet fever that he did not suffer with his throat. So in this instance, in attempting to save the life of this poor creature, he, apparently at least, inhaled the poison, and the next day he complained of some soreness about his throat, notwithstanding which, in the afternoon, he went

to the funeral of a friend, and stood in the grave yard on the damp ground, with his head uncovered, where there was blowing a chilling March wind. That night he had a severe chill, with increased swelling and pain about the throat, and the next morning—Thursday—when his uncle and friend, Dr. John Buckler, was called to him, already the foul disease had taken a firm hold upon him, and the membrane characteristic of diphtheria was forming. From this time, his sufferings became very acute and the disease advanced in malignancy, notwithstanding both Dr. Buckler and Professor George W. Miltenberger brought to bear all the resources of the art, with the skill for which they were so distinguished. The agony in deglutition was so great that it was almost impossible for him to accomplish it. Friday and Saturday were days of intense suffering. He went from chair to chair, from bed to lounge, wandering about the room, trying every position that might bring breath, and, with it, ease. His frame was worn out, for since Tuesday night he had had no sleep, and could get none. Saturday evening the dark shadow of the result was unmistakable, from his cold, cyanosed cutaneous surface and his depressed pulse. His physicians decided that tracheotomy could not benefit him, for he was sinking, not from mechanical trouble in his larynx, but from the depressing influence of the poison itself upon his whole system. He was aware of this, yet he himself urged it, saying that it would afford him some temporary relief. They reluctantly consented, and the operation was performed. After it, all were rejoiced they had yielded to his entreaties, for it enabled him to take a refreshing sleep. But this with all else that was done for him, was of no real avail, for he gradually sank, and his pure noble spirit fled on Sunday, 25th March 1860.

Those who were with him that last night of suffering can never forget it. But still more indelibly is then impressed upon their memories the calm, manly courage with which he met the approach of death, of which he was perfectly aware. His beautiful submission to God's will and his fortitude were worthy of the Christian. "Never," said Dr. Buckler, "never shall I forget the manner in which he arose from his bed, seated himself in the

chair, directed how the light should be placed so as to cast no shadow on the hand of the operator, handed the bistoury and placing his finger on the spot, threw back his head with a courage perfectly heroic." He died with his devoted wife by his side, surrounded by mother, sister, and brothers, and in the arms of a friend, whom he had summoned that night to his dying bed, and who loved him as a brother

Such a noble spirit could not pass away, without leaving a sad vacancy in the hearts of many in the city, where he had spent his life in doing good.

The news of his death spread a gloom throughout the city. At his funeral a large number of the physicians attended; the medical students walked in a body to his grave, and many were the mourners among his friends and patients. The daily papers gave expression to the universal sorrow in the community, and a general meeting of the profession was called, for the first time for many years for such a purpose. Their resolutions, laudatory as they were of his virtues, and expressive as they were of the sense of the loss the science of medicine had sustained, but told the simple truth. The speeches exhibited the deep feeling everywhere shown at his death, as well as the high appreciation in which he was held. The proceedings of this meeting, together with the remarks that were made, were printed, and extensively circulated among his friends and in the profession.

His death in his thirty-seventh year, although deeply regretted, was not untimely, for he had completed the work his Father had given him to do, and had done it well. He has left his mark, his impress upon his generation. Young as he was in years, he was eminent in science, skilful in his art, high in the esteem of all who knew him, and his memory is cherished in the hearts of the many who loved him.

A FEW REMARKS ON SOME PROFESSIONAL PROPRIETIES.

BY RICHARD MC SHERRY, M. D., PROFESSOR OF PRACTICE OF MEDICINE, UNIVERSITY OF MARYLAND, BALTIMORE.

(*Read before Baltimore Academy of Medicine, March 4th*, 1879.)

The medical profession of this city generally pursues the even tenor of its way in the most unobtrusive manner, attending to its arduous duties faithfully but without noise or ostentation. Some months ago a little agitation was excited among us by the arraignment of a member of the state faculty for a violation of its code of ethics in the matter of advertising. Our ideas of propriety do not allow us to rush to the papers to inform the public of our successes; and prudential motives suffice to restrain us from publishing our failures.

A code of ethics which binds an association of men in the same pursuit to the observance of certain proprieties among each other and in their relations to the public, exerts very conservative influences. No man is obliged to enter the association, but being in it, he is in honor bound to observe its laws. One of these laws forbids any advertisement of his work in the newspapers, though he may announce his address therein, and any limitation of practice that he may choose to impose upon himself. Entering the association he accepts the code which is intended for the common good, and he cannot violate it without exposing himself to censure or other penalty. A mild vote of censure was the penalty in the case adduced; and even this much is so uncommon in the profession in Baltimore that it produced therein a notable ripple of agitation.

There is another censorship about us, however, and a portion of the public press straightway removed the censure from the recipient to lay it heavily upon the faculty, or upon the whole profession at large. This caused an agitation of the matter far beyond professional circles.

The gentlemen of the press undertook to teach us proprieties; and furthermore, what we ought to do in deference to the requirements of the age. We were not to be bound in the nine-

teenth century by a code representing the ideas of an hundred years ago, and therefore superannuated and worn out. The doctors, (we were told) showed very little discretion in hiding such lights as they had under a bushel (of old ethics); when acting like other business men, they could get fame and fortune by asserting themselves in the advertising columns of the newspapers.

The doctors it seems have preferred taking the rebuke to taking the advice, however disinterested in this instance, of the critics sitting in judgement upon them. They could not concede that proprieties become improprieties on account of their prolonged observance. They could not and would not take lessons in medical ethics, or in medicine, from the men of the fourth estate who sometimes violate proprieties themselves by exchanging railing for railing, and whose omniscience is not complete in medicine, however unquestionable it may be in matters pertaining to politics, or trade, or law, or divinity. The doctor who would take professional information from them would be wofully misled. A few years ago upon the occasion of a famous criminal trial in this state, an editor sat in judgement upon the science of chemistry, which he assured the public with all the authority of Sir Oracle was quite unreliable, and was incapable of solving a question in regard to the detection of a deleterious chemical agent. His dictum, to medical readers, showed only absolute ignorance, for the tests and the results, in that very instance, were as certain as the facts of the multiplication table.

The other day the papers were amusing themselves and their readers at the expense of the germ-theory of disease. The study of germs and germination is included in physiology or in fact, in natural history. Germs constitute the appreciable starting point of life. To some of the gentlemen of the press, they are mere figments of the brain, nonentities, without form, and void. A western editor treating of the investigation of Yellow Fever, says: "One of the medical experts who held to the germ theory was asked by a physician whom he was questioning what he meant by a 'a germ.' The expert answered from the dictionary, an originating principle, and may be anything that produces life? The witness inquired if he considered an elephant a germ?

Practically," says the critic, "this was not so absurd as it appears in theory." And he then goes on to observe that "the steamboat Porter considerably larger than an elephant proved to be a germ of the first quality as well as magnitude." This is intended to make a theory respectable in itself ridiculous, pushing it *ad absurdum;* but we must admit that the "expert" by the absurdity of his definition, justified the absurd commentary.

The germ does not produce life; but it is endowed with life, and although it be but a microscopic speck, or so subtle as to elude even the microscope, it is the starting point, it may be, of the most gigantic developments, whether in the animal or vegetable world. According to the definition of the expert, the great creator of everything living would be a germ. The germ does not give life, but it may cause death. It is the rudiment of a new being, or as Beale has it, a living particle which has been detached from already existing matter. It is not an elephant nor an oak tree, but without germs there were neither elephants nor oaks among living beings.

The editorial critic is again at fault, and only pardonably in so far as misled by "an expert" whose ideas appear to have been as loose as his definition. And after all it is ungrateful in the managers of the press to come down upon the doctors for not advertising when every paper has so many of its columns taken up with medical advertisements. The name of the doctors who have pills, and syrups and elixirs to cure all diseases infallibly, is legion. No man need die if he gets the genuine article, which, unfortunately, unprincipled charlatans are so prone to imitate with base counterfeits to the great delusion and damage of a confiding public. The conductors of the press see these advertisements surely for they often endorse them, and still they are inconsistent enough to blame the doctors for not advertising their wares and works like shrewd dealers awake to their own interests.

But, our critics may interpose, those doctors who advertise, very worthy gentlemen indeed, are not exactly the kind we mean—there is a difference.—Yes, we admit, there is a difference which members of the profession in good standing propose shall always be maintained, and one of the decided points of difference is that

no one shall assert his superiority over his fellows, and the rest of mankind, in the newspapers, or other sheets addressed to the public, *ad captandum vulgus.* Nor will we take ethics from them, or instruction in our own pursuit.

Medical advertisements in the newspapers are fraught with mischief. It is no matter whether the combinations offered to the public through this medium are good or bad; the general effect is bad. Medicines can rarely be said with truth to cure disease, or diseases, their best use is for the correction of some morbid condition, which being relieved or removed, the patient may get well, and yet they are constantly offered to the public as curing all diseases. They are put up in large quantities and dispensed broadcast. The physician knows perfectly well that every form of medicine, and every dose of medicine, must be especially adapted to the individual case under treatment; so that modifications must be made in every instance to meet special indications. The misapplication of medicines, no matter how good in themselves, is necessarily fraught with danger; and when they go at large to the public without discrimination as to individual requirement, they must necessarily be productive of far more evil than good.

When traders in medicines advertise their wares, they generally support their claims with a string of certificates. Now let us suppose that twenty people take exactly the same medicine in the same doses whence it may readily happen that five will be benefited, and fifteen injured, but the five certificates may cause the sale of five hundred parcels of the same drug, compound or nostrum, with precisely the same proportionate results, additional certificates, and multiplied damages.

These things are so obvious to regular practitioners that it is not necessary to dwell upon them.

We all know but too well the potencies of misapplied medicines. The question with a regular practitioner is not whether a medicine is good or bad—a pure specimen of the drug being presupposed, and all important—but whether it is appropriate, not for this or that disease, but for the condition of the patient under treatment at that particular time. The very medicine, we know,

that will relieve an attack of croup, E. G., at one stage, would be capable of causing death at another stage. Opium or morphia may be good for a cough, and in point of fact the majority of proprietary remedies known as cough mixtures owe their virtues, when they have any, to this agent, however disguised by syrups or adjuvants, but is opium or morphia always suitable or good for the relief of cough? Far from it. Many times indeed it arrests the reflex mechanism of cough and often advantageously, but as Fothergill says, "morphia is not an unalloyed good in such cases." It is capable of destroying appetite, locking up the bowels, lowering respiration, and causing heavy sweats. "In bronchitis for instance," says this author, "morphia is a very dangerous drug to use. It not only arrests secretion, and thus increases the difficulty of expectoration and respiration, but its action upon the respiratory centres is such as to paralyze them when already embarrassed." (Antagonism of Medicines, p. 56). Then the wholesale issue of cough mixtures and soothing syrups, depending for their influence upon some form of opium, will assuredly do injury to a very large proportion, if not to a great majority of the consumers.

The same must be the result of the use of most of the proprietary medicines. No matter how good in themselves, they do harm by misdirection. It was officially declared in England some years ago that Morrison's Pills, which were well combined for cathartic action, caused the death of many persons who took them with abundant faith, but with little discretion.

I was called once to see a child in this city, in immediate danger of death from the free use of some of those elegant vermifuges, "that children cry for," which in fact are generally sugar plums containing santonin, nearly a tasteless, but by no means a harmless drug.

It is a little remarkable that the compounders of these combinations often get certificates from physicians as well as from people who cannot be expected to know better.

Physicians have a right to commend pure drugs, and reliable preparations made of them by skilful pharmacists. They should look for the best medicines, and encourage the pharmacists who

prepare and vend them; but it certainly must be held to be a breach of professional proprieties for a physician to give his certificate to one manufacturer's cough medicine and to another's liver pills, and to another's vermifuge, and to the multifarious combinations made by medical tradesmen for indiscriminate sale to the public. These men discover nothing but they very often take formulæ current among physicians; put them up under some disguise, and sell them as inventions or discoveries of their own.

Physicians ought not to stultify themselves by endorsing these dealers. Those physicians who know less of medicines than these tradesmen and cannot make their own combinations, equally good and more appropriate for their own patients, ought to retire from the practice: those who know more than the dealers are discrediting themselves by approving a kind of trade which they know is competent to do a great deal of harm.

Finally it becomes all respectable physicians for their own good, and for the good of the community as well, to adhere to a code of ethics that is in the main rational and just even though it seem the very reverse to critics who know of its merits or demerits just exactly nothing.

DIPHTHERIA.

BY J. W. HEBB, M. D., HOWARD CO., MD.

From the time of Hippocrates to 1821 very little seems to have been known of the pathology of diphtheria. Various authorities confounding scarlet fever, croup, ulcerated sore throat etc. with it. Hippocrates embraced it under the title of Malum Egypticum, a disease much to be dreaded, and supposed to have originated in Egypt. He recommends as a preventive a compound of honey and sulphate of copper. In 1557 Forrest wrote an account of it. When the larynx was involved he called it garotillo; and fregar when the nose and cavity of the mouth were only involved. These writers gave us an accurate description of the disease, but their treatment was conflictory and unsatisfactory.

In 1821 Bretonneau of France wrote two very able and interesting articles upon this disease, and gave it the name diphtheria, from its essential characteristic, the exudation. This writer insisted that inflammation without exudation was not diphtheritis and exudation with inflammation is *not* diphtheritis that does not spread by contagion, or in other words the exudation contains the essential poison of diphtheria. This theory has been conclusively confirmed by Oertel and Hueton, of Germany, their pathological experiments showing this exudation to contain innumerable vegetable parasites which they gave the name of micrococci; and that these parasites were the essential elements of diphtheritic contagion, resembling in the patient's breath an enemy's bullets; the breath would be harmless without the particles, just as an enemy's powder would be without his bullets. Their experiments proved that diphtheria begins as a local disease fixing itself in one spot, and thence radiating through the whole body producing general blood poisoning. Now accepting these views as correct if we can destroy these parasites whilst the disease is yet local, we keep it in that condition and prevent any very material effect upon the general health of the patient. Now what remedies have we to destroy the parasites? Experiments have proved that most, if not *all*, the remedies in general use in this disease had no effect upon them, but on the contrary they increase in most of them including quinine, potash, soda, mercury, iron, copper, ether, chloroform, etc., but that they are at once destroyed by carbolic acid and alcohol. Dr. Chapman discovered that persons suffering with diphtheria could not be stimulated by alcoholic drinks, and that drunkards were never known to have the disease. Alcohol seems to neutralize diphtheritic poison, sets free the nerves of animal life, subdues the fever, cuts short the disease, and conquers the sequel. This being the case, it necessarily follows that we expect more good result from the local and general use of these two remedies than from all other remedies combined whether we accept the theory of it being a purely local disease, or that this local trouble is only the symptom of a general blood disease. My own experience in the last year and-a-half has convinced me

that diphtheria is purely a local disease, and can be kept in that condition by keeping the throat well atomized with carbolic acid and alcohol solution—(I prefer the atomizer for the reason, it produces no mechanical violence, no strangulation, and the utter impossibility to mop the throat properly in *any case*, and especially in *children*. The atomizer throws its spray over every part of the throat, producing no unpleasantness whatever,) at the same time by inhaling warm vapor with warm poultices constantly to the throat we produce free suppuration, prevent the exudation and combat local inflammation. Ice should never be used. It has no effect upon the exudation or parasites to destroy them, or prevent exudation, and it is with this we have to deal. Specimens of micrococci have been exposed for twenty-four hours to a temperature of 4° below zero, and showed themselves capable of propagation after melting the ice. I have used in twenty-four cases, ten of them malignant, a prescription of carbolic acid gr. x, alcohol ℥j, glycerine ℥i, aqua ℥j. m. and with a hard rubber throat atomizer have had the throat (or nose when involved) thoroughly atomized every two or three hours—giving in the onset, always enough comp. cathartics to move the bowels freely; when there is depression from blood poison I give brandy and quinine freely. I have given as much as five ounces of brandy to a child 3 years old in twenty-six hours. Since adopting this treatment I have never lost a case. Carbolic acid and alcohol in my opinion are as near specific in this disease as any remedy can be. Sulpho carbolate soda is an excellent medicine in this disease, but cannot be depended on entirely as a preventive.

With one of Arnold's hard rubber throat atomizers and plenty of carbolic acid, glycerine and alcohol or whisky, diphtheria with ordinary nursing loses most of the terror that has clung to it for over two thousand years.

Thymol can be substituted for carbolic acid, but I prefer the acid to any and all parasiticides combined. It has that peculiar quality of destroying organic life without destroying organic matter.

REPORT OF THE BALTIMORE ACADEMY OF MEDICINE, FOR YEAR ENDING MARCH 4th, 1879.

Mr. President and Fellow-Members of the Academy:

I have the honor to present my report for the past year. One year ago I was selected by your too-flattering votes to fill the position of your Reporting Secretary, an office then just created, the duties of which, as defined by your constitution, are "to report the cases related, and collect, and keep the papers read before the Academy." Having accepted the position to which I was thus so unexpectedly and almost at my very entrance into your society raised, I determined to discharge the duties imposed upon me with zeal and fidelity, and to the best of my ability. Recognizing the fact that to have any real and permanent value, my reports must be full and accurate, I determined from the first to submit them before publication to the speakers, in order that they might receive corrections and additions at their own hands. However fully and carefully made by me, it was impossible in the haste of taking notes to avoid errors and misrepresentations; and even if I were able to write short hand (which I regret deeply I am not), the revision would still be desirable, for extempore speech can scarcely be expected to be as accurate as is to be wished for in matter intended for publication. The determination thus early formed has been carried out up to the present time, at least in all cases where the length or importance of a report or discussion made it expedient and with a result which is in the highest degree satisfactory. I have reason to believe that the reports of our meetings are read by a large number of the profession with interest, heightened no doubt by the consciousness of their perfect accuracy. An evidence of the estimation in which they are held is afforded in the fact that I have had applications for them from more than one source. Few of those present have any true conception of the amount of work required in preparing the reports for publication. Notes have first to be taken during the meetings; these must be copied and the copy carried around for correction by those who have taken part in the proceedings; the copy returned to me often requires partial

rewriting before it is in a condition to be submitted to the printer; the proof sent by the printer has to be read and corrected; and finally the reports copied into the report book. Thus you see they are written off at least three and one-half times. A moderate calculation places the amount of writing done by me in this connection at near 500 pages of fools-cap. Whatever time and labor the execution of my determination have cost me, I feel fully repaid in the satisfaction of work thoroughly accomplished and in the gratification derived from having promoted (however humbly) the success and prosperity of our society, to be connected with which is with me alone an assurance of my warmest interest and hearty coöperation. On entering upon my duties, I ordered, with the approval of our treasurer, a blank book to contain the reports and although it was not made according to the directions given, I accepted it and present herewith written up to this date. The reports have been published in the MARYLAND MEDICAL JOURNAL, appearing in 7 of the 12 numbers issued during the year. This journal was selected for several reasons: (1.) It is a home enterprize, and hence has the first claim upon Baltimore physicians; (2) It is published here where the work to be reported by us is to be done and hence is more likely to meet the notice of those who will feel most interest in our proceedings and will derive most advantage from their perusal; (3) It is thoroughly worthy of our support, and encouragement being conducted by gentlemen of the highest professional character, who have undertaken it with the best motives, and are conducting it with dignity, impartiality and ability. And here, if I may be permitted for a moment to digress, I would urge upon the members of the Academy the duty of aiding and encouraging our home journal. It is the only mouthpiece and representative of the profession in this city and state, a city containing 600 physicians, and two medical colleges, which have just sent forth 132 graduates to every part of the land,—a state that embraces within its limits the most varying features of climate, topography, and disease. I cannot share the sentiments of those who decry such enterprizes as being unneeded and superfluous and send their contributions out of the state to be published in other cities. There is no other

city in this country of the same size that has not one or more flourishing medical journals; what rights and needs have they which we have not? Would any maintain that the profession in this state is incapable of work worthy of being published to the world? Maryland, which is rich in orators, great lawyers, statesmen, merchants,—wanting originality and genius, either in conception or execution, in its medical profession only? Such an idea is absurd. If we could but be stimulated to effort, to a consciousness of our powers, advantages and opportunities, there is no reason why the profession in this state should not take a leading position, to which I fear it has never yet aspired much less attained. The first requisite to this is the means of communication furnished by a well-conducted medical journal, for there is no question that, a means of publishing our work is one of the greatest incitements to endeavor. And it is not enough that these means are furnished elsewhere, for although in the abstract it may be true that all science (and especially medical) is cosmopolitan, yet it is also true that we are dependent upon associations from which we cannot free ourselves and that every right-minded man will work with twice the zeal when conscious that he is doing honor to his native or adopted soil.

We have had seventeen regular and one special meeting during the year; reports of fifteen of these have been published. Of one from which I was unavoidably absent no record is preserved. Thirty of the forty-three members, composing the Academy are represented in the reports. The first meeting reported was that of April 16th, 1878, and it appeared in the JOURNAL for June 1878. Our reports have filled about 68 pages of printed matter, and have included about 160 cases.

The following papers have been read during the year:—"*Fatty Heart*," by Dr. Chew; "*Gonorrhœa in Women*," by Dr. Morris; "*Chronic Aural Discharges*," by Dr. Chisolm; "*Tobacco Amaurosis*," by Dr. Chisolm; "*Diphtheria*," by Dr. Steuart; "*Inversion of Uterus*," by Dr. Wilson; "*Bear Wallow Spring*," by Dr. Cordell; "*Certain Proprieties in Medicine, &c.*, by Dr. McSherry. Of these eight, six have been published, two in the MARYLAND MEDICAL, two in the *North Carolina Medical*, one in

Virginia Medical and one in *New York Med. Journal;* two remain as yet unpublished. The remarks upon Yellow Fever, made by Dr. Holliday, of New Orleans, at the special meeting held in November, were published in the February number of the MARYLAND MEDICAL, after correction by the author. Three cases have appeared in full apart from the regular reports, from which they were consequently omitted.

These increase the number of pages occupied by our transactions to about 103 in the MARYLAND MEDICAL, and in other journals to 35; the total amounting to 138 pages of printed matter. Reports of our proceedings have also appeared in the *Virginia Medical.* I do not know their author. Two patients and three specimens have been exhibited to the society. The almost entire absence of pathological specimens certainly seems remarkable in a society composed as this is.

In concluding my report, I congratulate the Academy on the work done and the progress made during the year. We have given an earnest of our future career, which has already secured for us the consideration and esteem of the profession. Our ranks are filling slowly it is true, but the quality of the material added is of the best and more than compensates for numbers.

It is a matter of regret that we have had so few papers read and I cannot but think that many cases have remained unrecorded which would have added greatly to the interest of our meetings and to the value of our reports.

I wish to call attention to the desirability of having cases reported in writing; this would save your secretary much trouble and would promote accuracy and dispatch.

The prominent and influential position which the Academy has thus early in its career (it is not yet two years old) attained, justifies us, I think, in forming sanguine hopes of its future and it does not seem unreasonable to anticipate that some day,—and it may not be very remote,—we will publish our transactions ourselves, nay more, that we will have a hall of our own and an endowment to maintain our Academy in a style becoming its dignity and usefulness; or to reverse the picture, is it too much to expect than an American Society can have permanency and

are we so fickle in our tastes that we must forever be pulling down and rebuilding and never realize how much easier and more secure it is to rear a structure upon the foundations we have once for all laid.

Finally I would beg leave to make one suggestion that occurs to me as excellently well adapted to increase the interest in our Academy, to augment its usefulness, and to lead to really practical and tangible results. It is, to offer an annual prize for original papers. The idea which I have in view is embodied in the following sketch:

A prize, of say $100, for the coming year (to be increased hereafter according to the increase of our treasury) to be publicly offered for the best original paper presented, competition to be open to all Maryland physicians; all competing papers to be handed in by January 1st, 1880. The examination and decision to be made by the executive committee, of whom the President of the Academy shall be ex-officio chairman. The announcement of the name of the successful author to be made to the Academy, at the last meeting in February 1880, and the paper pronounced best to be read by its author before the Academy at the annual meeting (first meeting in March), at which time the prize shall be bestowed upon him by the President, in presence of the Academy and members of the profession who shall be invited to attend. All of which is respectfully submitted.

EUGENE F. CORDELL, M. D.,
Reporting Secretary.

REPORTS OF SOCIETIES.

BALTIMORE ACADEMY OF MEDICINE, MEETING HELD MARCH 4th, 1879.

Dr. McKew reported a case of albuminuria, in which he had used muriate of pilocarpin hypodermically for the relief of excessive anasarca, with almost entire suppression of urine. The use of pilocarpin in this manner is comparatively new, and this case was believed to be the first in this city, in which its use for this purpose had been resorted to.

The patient Anna P., is fourteen years old, large for her age and very well developed. Her health had always been apparently good. She had commenced menstruating at 12, and the function had always been regularly performed up to within three weeks before the 23rd December last, when Dr. McKew was called to see her. It has not reappeared since that date. At that time she presented an exceedingly healthy appearance, and with the exception of considerable anasarca of the feet and ankles, there was no symptom of disease. There was no history of scarlatina nor diphtheria in her case; nor had there been any in the family. Heart perfectly normal, as were also the lungs. Examination of the urine disclosed the presence of a large amount of albumen, with blood and epithelial casts. The daily excretion of urine was a little below the normal amount. The appetite was good and the patient felt so well, that she very unwillingly acceded to the injunction to confine herself to bed. Compound jalap powder was freely used, but free purgation failed to reduce the dropsy beyond the point, which the horizontal posture and the consequent diffusion would alone have attained. Cups over the kidneys, digitalis alone and with tincture ferri, saline and vegetable diuretics, a rigorous milk diet, Dr. Dickinson's distilled water treatment, hot-air baths, were all in succession faithfully and perseveringly tried; and only stopped when found, as they all were, utterly useless. Indeed the ingestion of large quantities of fluid only added, as was almost natural to expect, to the existing anasarca, which had, on the 2nd of March, invaded the whole subcutaneous connective tissue, to a frightful extent. The lungs were perfectly free from œdema. The daily amount of urine was now not more than two or three ounces, and almost solidified with heat and nitric acid. The amount of urea in the urine was estimated by Russel & West's volumetric apparatus, and found to be but $\frac{98}{100}$ of 1 per cent. Notwithstanding the small and almost insignificant amount of nitrogenous excretion by the kidney, and the absence of compensating diarrhœa, there was not the slightest vomiting, headache, neuralgia or any other of the many symptoms usually attributed to uræmic poisoning. As it was highly necessary to do something for the relief of the patient, and as the hot-air baths failed to produce free sweating, pilocarpin suggested itself; and accordingly it was determined to try its effects. The muriate of pilocarpin, from the laboratory of Merck of Darmstadt, was obtained from Messrs. Andrews & Thompson. This drug is quite expensive. It is imported in tiny bottles holding ten grains of the salt. The price of these

bottles is at wholesale, three dollars. The first injection was six minims of a solution of two grains in a drachm of distilled water, thrown into the thigh. Within five minutes salivation made its appearance and became quite copious. This was followed in the next ten minutes with vomiting and very violent retching, lasting about ten minutes. Before the vomiting, however, the sweating commenced, first on the forehead, neck, trunk, and extremities, in regular and gradual progression. The perspiration was very profuse. The salivation was exceedingly annoying and much of the discomfort seemed to be due to the secretion of much viscid mucus by the mucous membrane of the pharynx and fauces, keeping up constant efforts for its expulsion. The spitting lasted for an hour or two, while the sweating lasted four or five hours. During all this time the body of the patient was bathed in a sheet of fluid. No flushing or pallor of the face was noticed. The pulse, which at the time of injection was 132, was reduced at the end of an hour to 108. The temperature was lowered in the same time $\frac{8}{10}$ of a degree. The lowering of the pulse is common in frogs subjected to pilocarpin; but in man the pulse is generally quickened. Some of the sweat was collected and yielded $\frac{40}{100}$ of one per cent. of urea. It is probable that the patient in this way got rid of much more nitrogenous excreta than her crippled kidneys were capable of throwing off. The injections were repeated on the next and following day (the day of report). These were made in the arm where there was less anasarca, upon the supposition that the action of the drug had been somewhat retarded by diffusion in the fluid in the tissues. Its action was thus made a little quicker,—three minutes sufficing to start spitting and sweating. The nausea and vomiting in each case came on as usual and lasted about the same length of time, and the secretion of tears was also increased in each instance. The influence on pulse and temperature was also constant. Some narcotic effect seems to follow the injection. The patient fell asleep during each sweating and was not awakened by ordinary noise in the room. Great depression appeared at the close of the first sweatings. This was attributed to chilliness from her wet linen undergarment, which she had retained. To remedy this, she was to-night placed nude between blankets. As the last injection was made this evening Dr. McK. cannot state what effect this change has had. There has certainly been a diminution of the œdema of the face and neck, as a result of the action of the pilocarpin. How much more good will be accomplished remains to be seen. The vomiting

was evidently a specific effect of the drug, and not due to the swallowing of saliva. It occurred too soon for this and moreover the patient did not swallow any, the condition of her fauces forcing her to constant spitting. Dr. McK. does not attribute the excretion of urea by the skin to the pilocarpin, as this takes place without it or any other drug in cases of entire or great suppression of urine. The punctures gave rise to no irritation whatever and the only things complained of, were the vomiting and the depression spoken of. Neither vertigo nor headache was produced.

Dr. Miles said the case just reported was very interesting, particularly since it seemed to show that there must be something else than urea to which the so-called uræmic symptoms are to be attributed, and hence we must modify our ideas of that condition. Crystals of nitrate of urea were first discovered on the beard and face in cases of cholera.

Dr. Chew pointed out that the increased evaporation from the surface would account for the fall of temperature observed.

Dr. Chisolm referred to the case of an elderly man, whose eye he enucleated nine months ago. When ready to be discharged cured of the eye operation, he was seized with convulsions of a uræmic character. Pilocarpin endermically was tried; it brought out the moisture upon the skin, but no treatment restored the patient to consciousness, and he died after an illness of twenty-four hours, during the whole period of which he was unconscious. In every cataract case he uses pilocarpin to contract the pupil. In another case, in which a patient presented herself with defective vision, the retinal changes of Bright's disease were discovered on ophthalmoscopic examination, and then tube-casts and albumen were found in the urine. There were no other symptoms of renal trouble, nor was it suspected until the examination of the eye. The ophthalmoscope reveals fatty degeneration of the internal coats of the eye, especially in the vicinity of the yellow spot of Sœmmering, the central axis of vision, in which the fatty tissue is arranged in converging rays (star-shaped). Vision was at one time extremely blurred, but has improved sufficiently to distinguish the finest print. The patient continues, up to this time (one month after coming under notice), free from any general symptoms of renal disease, other than the above mentioned, albuminuric retinal trouble.

Dr. McKew stated that he had suffered from retinal apoplexy and effusion, resulting from Bright's disease; both eyes were affected, but

in varying degrees. He has recovered entirely from this, and now experiences no difficulty in vision. He asked whether albuminuric retinitis was confined to either of the varieties of Bright's disease; it is said to be the accompaniment of the contracting and not the amyloid kidney.

Dr. Chisolm replied that there was no such limitation, so far as he knew.

Dr. Thomas F. Murdoch reported the case of a gentleman, who came under his care four years ago, with symptoms of chronic cystitis. These were relieved by astringent injections into the bladder. Last December, he again came under treatment, suffering with hypogastric pain, passing only about a wine-glass of urine during twenty-four hours. A catheter introduced obtained only a few drops. Half an ounce being procured after some time, an examination was made, and neither albumen nor tube-casts discovered. The specific gravity was not tested, owing to the small amount of fluid. Since December, the amount of urinary excretion has remained unchanged, a few drops only being passed at a time. Occasionally he vomits, and the bowels are very loose (10 to 14 passages a day). His appetite continues good. Buchu and pereira brava afford some relief to pain, but do not increase the amount of urine.

Dr. Steuart reported the very satisfactory use of salicylate of soda in two cases of acute rheumatism: (1) Irish barkeeper, taken sick February 22nd, with violent inflammatory symptoms about joints. The same patient was under treatment four years ago with the same disease and was sick for six weeks, suffering greatly, The recent attack began in the lower limb, the knee, ankle and foot being swollen and excessively tender. Ordinary alkaline treatment was ordered, but the patient got a great deal worse, the inflammation extended to the arm and shoulder with very high fever, extreme swelling and tenderness. Salicylate of soda was ordered. In twenty-four hours, he could move freely, and on the 3rd day (6th of attack), he was entirely relieved, as much as though he had not been sick at all. (2) Irish girl at the Blind Asylum, similarly affected. After two days of the old treatment, without apparent benefit, the salicylate of soda was prescribed, in gr. xv doses every two hours. This was on the third day of the attack, and the joints were exquisitely painful and greatly swollen; the slightest touch of the wrist, in attempting to feel the pulse, caused her to scream out. On the fifth or sixth day, the tenderness had all disappeared and she returned to her work. He

administers the salt in elixir adjuvant, a very agreeable excipient.

Dr. McKew had employed the same remedy with similar results for some months past, the most acute cases being cut short in a few days. Nor is its beneficial action limited to the acute form of the disease, but it is manifested equally in chronic rheumatism and in the muscular form or myalgia, for which we have hitherto had no remedy but soothing liniments. No drug, which we have received from across the water, has maintained the reputation it has there borne like this. A drawback to its use however is to be found in the very profuse perspiration and tinnitus aurium (as marked as in quinia) which it often causes. It is not objectionable to the taste, and hence may be given in simple water or cinnamon water. Dr. McK. uses rather larger doses than are usually employed, viz: gr. xx every two hours, until twelve doses have been taken, then every four hours, and finally three times a day. A premature withdrawal of the remedy is apt to be followed by a return of the symptoms; hence it should be continued for a week at least. A gentleman 70 years of age, affected with some obscure œsophageal trouble, had been subject to pains in the hips and back for several years, preventing sleep at night, and causing much discomfort during the day. Salicylate of soda was ordered, but by mistake the patient got only ten instead of twenty grains, nevertheless after the second dose the pain disappeared entirely. He has an occasional recurrence of the pains, which are relieved promptly by a few doses of the remedy. It is not a narcotic but it relieves the pain. It is good in most cases of rheumatism.

Dr. Chew said it was a question of great interest, whether this remedy diminished the tendency to cardiac complications. Garrod claimed that he had never met with a case of acute rheumatism in which the heart had been involved after the patient had come fully under the influence of alkaline treatment, as shown by alkalinity of the urine. A case had come under Dr. Chew's notice, in which the salicylate of soda had been given freely; suddenly, the patient became very ill, with severe pain in the præcordia, irregular action of the heart, intense dyspnœa, loud systolic murmur over the aortic orifice, cyanosis, and the peculiar friction sound ("bread and butter stage") of pericarditis. There was also double pneumonia. The patient, who was 17 years old, died.

Dr. Tiffany exhibited the specimen of a phosphatic calculus, removed from the bladder of a farmer, aged 49, by Bigelow's operation of "litholapaxy." The patient had suffered for eighteen months

with symptoms of disease of the bladder. On coming under treatment two weeks ago, the history pointing to the presence of a stone, he was sounded and a calculus discovered one-half inch by one and one-quarter inches in size. A No. 22 catheter filled the urethra completely. The stone was crushed under anæsthesia, and the bladder washed out; the fragments were then crushed and bladder again washed out, until the water came away pure. Time occupied by the operation, thirty-eight minutes; amount of stone removed 120 grains. The temperature rose after the operation to 101° and continued high for a day or two. On the 5th day the patient left hospital for home, well to all appearance.

The above patient evacuated the contents of his bladder twelve times nightly before the operation; on the night following, he micturated but six times and this was reduced to twice on the night preceding his departure, when the urine was also clear to the eye. The stone had a uric acid nucleus. Dr. Tiffany gives the preference to ether for anæsthetic purposes with adults. He referred to a case in which 1800 grains of stone were removed in three sittings by litholapaxy (C. B. Porter).

EUGENE F. CORDELL, M. D.,
Reporting Secretary.

SELECTIONS.

LONDON LETTER.

Perhaps the most interesting communication made to any of our societies lately is that of Dr. Matthews Duncan to the Medical Society, on *Antiseptic Midwifery*. So important was it, and listened to with every attention by a distinguished audience, that an abstract of it may be acceptable to your readers. Being a great personal friend of Prof. Lister's, having left the northern metropolis at nearly the exact time Prof. Lister turned his steps southward, it might *a priori* be surmised that Dr. Duncan would be an advocate of the antiseptic plan of treatment. Consequently a large number of practitioners came to hear, and also to learn how antiseptics are applied to every-day midwifery. Dr. Duncan commenced by saying that there is no subject which excites more

professional interest or more interest among the general public than that of puerperal deaths. A wife, the mistress of a household, the solace of her husband, the proud mother of a number of happy children, is suddenly snatched away after an auspicious event. There is something so sad about such deaths that all would welcome with heartfelt joy any plan which promises to lessen such disastrous events. Puerperal deaths own various causes, but by far the most frequent and prevalent causes are septicæmia and pyæmia. Both these diseases involve or imply inflammatory processes, and both are essentially septic. It is against them that antiseptic midwifery wages war, and in which, he said, it had already achieved great success. The object of the paper was to spread and diffuse further knowledge on this important matter, and to stimulate further inquiry into it, with a view to the more general adoption of the beneficent antiseptic methods. Already, said Dr. Duncan, more pain is prevented, more life saved by antiseptic methods than by all the recent improvements of modern midwifery combined; and there is no prospect half so bright and encouraging as that held out by the general adoption of the antiseptic treatment of the parturient condition. And, it is certain, all fervently wish that these high hopes may be realized. He would not, he said, proceed to discuss that division of the subject, the treatment of the blood by which the fermentation or sepsis is carried throughout the organism, as by the use of hyposulphites, introduced by Polli, of Milan. He would confine himself to the consideration of the local use of antiseptics. He pointed out that the healthy lochial discharge of some women approached in smell and odor putrefactive discharges, so that it was not always possible to discriminate them; but in all doubtful cases it was well to treat them as if putrefactive. The putrefying lochial discharge may find its way directly into the blood by the uterine sinuses, or be taken up by the lymphatics: in either case a state of blood-poisoning, or septicæmia, is set up. The removal of all putrefying material is essential to the arrest of this blood-condition. The antiseptic measures to be adopted consist of the removal of the offending material by the obstetrician's finger, or a pair of forceps, previously covered with

an antiseptic. In some cases it becomes necessary to introduce the hand, which should previously be carbolized, by being smeared with the ordinary carbolic acid and oil mixture. By such treatment of the hand preparatory to its introduction into the female passages, two ends are attained. If there be no great amount of putrefaction present, the hand thus treated carries with it no danger of leaving putrefying matters, or germs, on the bared surface; while on the other hand it is a means of applying an antiseptic to a surface on which a putrefactive process may be actively progressing. Then as to injections into the uterus, he advocated carbolized water and the gentlest possible force sufficient to throw the fluid into the uterine cavity. Neglect of these precautions might lead to the introduction of air or fluid into the uterine sinuses, and produce baneful results. To secure gentleness of pressure, it was of the first importance to have free and sufficient exit for the fluid injected, and often it became necessary to use a double canula. The running out should be carefully watched, and the moment the outflow ceases the injection should be stopped. He did not agree with those who advocated the leaving of the intra-uterine tube *in utero* to act as a drainage-tube. If antiseptically plugged, it no longer acted as a drainage-tube, and not so plugged it was a source of danger in itself. To secure gentle pressure it was well to have a long tube, so that the fluid could be held above the patient; but it should not be raised to an undue height. A warm carbolic lotion of the strength of one in fifty was useful. About half a pint or a pint should be injected at once, and the uterine cavity should be washed until the fluid returns clean. It is not desirable to have too frequent daily injections. Such irrigation might be desirable in some cases even when no putrefaction was present. I am not now engaged in midwifery practice, and never lost a patient in the parturient or post-parturient state, but I can remember a number of cases where the lochia became offensive, where such irrigation would probably have given much comfort to the patient and those in attendance upon her. There was a certain risk of the carbolic acid producing poisoning of its own in certain cases, but Dr. Duncan said that the production of dark-colored urine merely was quite un-

important. At times more serious symptoms were produced, as shivering, cyanosis, and a weak and fast pulse. So far as he knew, no fatal case had yet occurred.

The great modern improvement in antiseptic midwifery was the prophylaxis of puerperal septicæmia or pyæmia. This subject could be divided into the prevention of danger from within and of danger from without. In addition to the most scrupulous carefulness as to perfect cleanliness about the parturient woman, in different Continental schools, they had adopted the plan of using carbolized ointment for smearing the finger previous to its introduction into the vagina, and systematic carbolized irrigation of the uterus after parturition, with most excellent results. As to the use of the spray in labor, at the moment of the birth of the the child, it had been attempted, but was found to be very troublesome. The spray had been tried in the performance of Cæsarean section, as it had in the operation of ovariotomy, with good results. It certainly seemed very desirable that the spray should be used for the treatment of the abdominal as well as the uterine incision; but the drawback here was that, in spite of all care on the part of the operator, septic material might find its way into the uterus through the natural passages. Returning to the subject of antiseptic midwifery, he said that now it was comparatively easy for physicians and nurses to keep themselves medically clean, and that the danger of puerperal septicæmia being carried by the medical man, and nurse, from one patient to another was much diminished,—an expression of opinion which elicited some adverse comment from Professor Playfair, who advocated the old plan of refraining from midwifery for a time, when it was found that one case of puerperal fever followed after another. Dr. Duncan pointed out that if this principle was carried out to its logical conclusion the general practitioner would have to abandon all his other practice if he, by any oversight, saw a case of scarlatina.

If a piece of membrane or placenta was retained in the uterus, it was well to use a three per cent. solution of carbolic acid for at least twelve days after the accouchement, as prophylaxis against danger arising from within. Others advocated a solution

of the subsulphate of iron with glycerin under these circumstances. But poisoning from within was not so common a cause of septicæmia as poisoning from without; and care on the part of the obstetrician would be found the great means of obviating puerperal septicæmia. It was by avoidance that puerperal mortality was to be reduced in amount. When septicæmia had once been started, then the treatment was no longer that of prevention, but that of cure. Dr. Duncan, as he announced at the commencement of his lecture, did not go into the treatment of the blood in puerperal septicæmia, but perhaps your readers will not feel aggrieved if his remarks are supplemented by some others on the management of the general condition. When symptoms of septicæmia set in, not only should the irrigation of the uterus several times a day be assiduously carried out, but antiseptics should be administered internally. Chlorate of potash and the sulphites and hyposulphite of soda, together or singly, should be given freely by the mouth. In one case in my by-past general practice, a delicate woman was confined of a dead putrid child: on vaginal examination the head felt like a leather bag with a lot of pieces of broken pot in it, the cranial bones being all loose and out of place, and the fœtus discolored and far advanced in putrefaction. In this case the lochia became very putrid and stank, and there were evidences of blood-poisoning on the part of the mother. By means of vaginal injections of a solution of the sulphites and the internal administration of chlorate of potash and sulphite of soda, the ominous symptoms passed away, and the woman made an excellent recovery. Such was a successful case treated antiseptically, but in a very primitive way. Now the management of the case would be considerably more advanced and scientific. In addition to the injections and the internal administration of the various antiseptics, it would be well to influence the air respired by the patient, and to place in the sick-room some disinfectant; the drawback to this being the objectionable smell of most of these potent agents. Sanitas is odorless, and solutions of thymol are not offensive certainly, if they do not form a very agreeable scent, and such should be used freely, being sprinkled over the floor, and, better still, being well sprayed about the room

at frequent intervals. This should be continued as long as any signs or symptoms of septicæmia remain. That such should be the line of treatment to be pursued in all cases, either of established septicæmia or where it is threatening, there can be no doubt remaining. The question then arises, "Shall antiseptic precautions be taken in all cases of parturition?" As regards my personal opinion, it is affirmative of this proposition. Antiseptic precautions, in the first place, are not expensive. They would form a species of cheap insurance. In the next place, they are free from danger if used carefully. Dr. Duncan pointed out that careless irrigation of the uterus might lead to serious consequences, air or fluid might be forced into the uterine sinuses; but against this may be set the presumption that the man who is careful enough to adopt antiseptic obstetric precautions would be careful enough to see the antiseptic method carried out properly in the one single source of possible danger, the irrigation of the uterus. As to the argument which might be raised that this involves unnecessary fuss and trouble, the answer must be returned that after certain unpleasant incidents it is commonly found that a very little care and foresight would have prevented the disasters All preventive medicine has this for its *raison-d'etre*, and many, if not most, practitioners will probably soon adopt antiseptic midwifery; and as to those who do not, it is probable that when they do have cases of puerperal septicæmia they will find their conduct and management of their cases sharply criticised. The obstetrician would carry with him, as part of his armamentarium, a bottle of carbolized oil with which to anoint the finger at each vaginal examination and to anoint the dorsal surface of the hand and arm in turning. Also the instrument might be smeared with this antiseptic before being applied, in the cases which require them. This would involve their being thoroughly cleaned; and then it is to be hoped we will hear no more of such sad cases as that reported in a recent number of the "Confessional" commenced in the *British Medical Journal* quite lately, where a medical man owned that after delivering a woman with his forceps he forgot to clean them, and the next woman delivered with the forceps died of septicæmia. This matter cropped up in

the discussion on Dr. Duncan's paper, and Dr. John Brunton pointed out how the wood of the handles of midwifery forceps often shrank from the metal, thus leaving a crevice in which putrefactive material might lodge. He exhibited his own forceps which he had had for years in constant use; they consisted entirely of metal, nickel-plated, and their condition was admirable. In addition to the above, a little carbolic acid might be carried, in case it turned out that the child was dead, and it might be well to irrigate the uterus in a few hours, so as to prevent any putrefactive change with its consequent dangers. An irrigation of the uterus once a day, in all cases, with carbolized water, would be a cleanly practice, as well as a sanitary precaution, in midwifery practice, and might be adopted generally with advantage.

How far the use of carbolized oil on the obstetrician's finger would tend to prevent that sad accident, syphilitic poisoning, it is difficult to say. An answer only could be given after a considerable experience by many and numerous individuals. But antiseptic midwifery must not be looked at from the point of view of the safety of the accoucheur, but from that of the safety of the patient. Where operative measures are anticipated, I venture to think that antiseptic precautions will aways be taken, after the evidence we have already before us.

And, lastly, comes the cause of all this, the thing born,—the infant itself. Dr. Duncan said that young organisms are readily poisoned septicæmically. It appears that ulceration of the stump of the umbilical cord has been followed by blood-poisoning in some cases, and that pus has found its way into the umbilical vessels. It is well then to dress the stump antiseptically, by enclosing it in a piece of lint treated previously to an application of carbolic acid and oil. An animated discussion followed Dr. Duncan's paper.

A case of *opium-poisoning* treated successfully by the subcutaneous injection of atropine has just occurred in the practice of an ex-house-surgeon of the West London Hospital. On the 14th of February, 1878, I had one grain of sulphate of atropia injected subcutaneously into a woman dying of opium-poisoning. On

the 13th of February, 1879, a case was admitted into the Leeds Infirmary. In the absence of the house-physician, the house-surgeon took charge of the patient. He has forwarded me the following notes: A man aged 35 was admitted at 9 P. M., who was said to have taken ℥vi of laudanum one hour previously. He was able to answer questions, his pupils were contracted, he was irritable and somewhat excited, saying he wished he had taken twice as much. He refused to have the stomach-pump applied. A scruple of sulphate of zinc was given. At 9.40 there was no vomiting, and the patient was getting worse; the stomach pump was resorted to, and about twelve ounces of brownish-colored fluid, smelling of opium, was withdrawn, and a pint of strong coffee injected. At 11.20 the patient was worse, and could be roused only with great difficulty. Pulse 120; respirations 15 per minute. The pupils were reduced to a pin's point; the patient had been walked about continuously. One-tenth of a grain of atropia was then administered subcutaneously; condition slightly improved till 12.20 A. M., when he became utterly unconscious and incapable of being roused by the most violent means, including faradaism, etc., etc.; pupils firmly contracted; pulse feeble and rapid; respiration down to 12. A quarter of a grain of atropia was then injected subcutaneously. At 12.40 A. M. the patient was somewhat better; respiration 18; pulse firmer and 120 per minute. The pupils were dilated; there was no return of consciousness, the extremities were cold, but the sleep was more natural. At 1.10 A. M. the respirations suddenly sank to 12, but rose again to 20 after artificial respiration had been carried on for ten minutes; pulse good; the patient continued to sleep till 8 A. M. when he awoke, was able to answer questions and to take food, and to the present time (16th, 6 P. M.) has continued to improve. This case illustrates the toxic effect of opium upon the respiratory centres, and also how the paralysis so induced can be met and antagonized by the use of atropine. The only criticism I have to make is that if a quarter of a grain of atropia had been injected at the very first, the serious symptoms which appeared might have been kept off. The case is very

encouraging as to the future treatment of opium-poisoning by the subcutaneous injection of atropine.—*Philadel. Med. Times.*

J. Milner Fothergill.

The Use of the Forceps in Tedious Labors.—Dr. G. Hamilton, furnishes the *Obstetrical Journal of Great Britain and Ireland*, June, 1878, a valuable article, closing with the following summary:—

1st. Remember that it is the length of the labor that especially proves hurtful to mother and child. This holds good as to both, but especially as to the latter. The first stage of labor should be little, if at all, interfered with; but its length should be a guide as to the second, which should not usually be allowed to be prolonged much beyond two hours, and much less when the first stage has been long and exhausting.

2d. Usually the shortening of the second stage has been effected by supporting and pushing up the uterus over the head, or by the use of the forceps.

3d. Get rid of the double-curved forceps. This I consider to be vital; I have used Ziegler's straight forceps (now slightly altered) for some forty years, and I find that the pattern I now use supplies every want I have felt, in my own practice, and in assisting others, since 1832.

4th. If the rule as to shortening the second stage of labor be attended to, and the forceps is required, an ear will generally be found at or near the pubes, and when an ear can easily be felt, I usually consider the case safe. Here slip in the blade No. 1 (without fenestra), and the other will usually, without difficulty, slide into its place.

5th. It will thus be seen that I generally place the blades antero-posteriorly.

6th. If the head should be higher, the forceps can still be used excellently well antero-posteriorly; but get hold, in this case, wherever you can, and by traction advance it into the pelvis. Then shift the blades and place them over the ears, or over the ear and parietal region, still using traction. If this should not succeed, try at the same time to turn the face to the right or left

(as the case may be), into the hollow of the sacrum. If this again should fail, try traction and leverage combined, by making the head, without turning, revolve round the pubes. When this last force can be brought into play it is the most powerful of all in effecting delivery.

7th. Podalic version, perforation, and crushing, remain as our other resources; but as to these I have nothing to say, except that where the forceps is properly used they will very seldom be required.

Even in breech and footling cases, when the head comes into the pelvis, Professor Busch, of Berlin, has shown that the forceps can be used very effectually.

8th. Refuse to give chloroform or ergot in the first stage, and in the second as seldom as possible; the first near the close of labor, the second to increase the pains and bring the head within reach of the forceps, or at the close, to anticipate flooding.

9th. Though it may be necessary occasionally to introduce the forceps within the uterus, try to avoid this as much as possible by assiduously pushing up the uterus with the fingers or hand, both anteriorly and posteriorly, for the application of the instrument is thus made easier, and the risk to the mother is lessened.

10th. If the child should be seriously asphyxiated when born, lose no time with other measures, but instantly inflate its lungs with the mouth.

11th. Remember, when the face is to the pubes, that rotation to the left is sometimes easier than to the right, the reason probably being that the occiput encounters the rectum when the face is turned to the right.

12th. If flooding follow delivery, and supra-pubic pressure and emptying the uterus of clots fail, use pressure and counter-pressure, by introducing the right hand under the uterus, and placing the left above the pubes; and keep this up till the hemorrhage stops, sometimes little short of an hour.—*Half Yearly Compendium.*

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EDITORIAL.

CLOSE OF VOLUME IV.—With this number closes volume iv of this JOURNAL. With the May number it enters upon the third year of its existence. During the two years which have past it has been our constant aim and effort to make the MARYLAND MEDICAL JOURNAL worthy of the support of the entire profession, and of the honored name it bears. We are free to confess that we have not reached that high standard of superiority which a scientific publication should assume, but our readers will do us the justice to say that we have made an honorable effort in that direction. What we have lacked in the past will be our effort to secure in the future. We have in mind a high standard for this publication. No effort will be spared to make it equal to the standard of the best medical publications extant.

This publication is an independent organ, free from the influence of sect or party. It has been our aim to make it a medium for the professional exchange of ideas and experiences, an exponent of sound practice and teaching, the organ of the entire profession throughout this entire country. Contributions and subscriptions have been received from very nearly every state in the union. With the coming volume the size of the JOURNAL will again be increased to make room for an increased number of contributions and for a greater variety of medical news. An effort will be made to secure original contributions from a larger number of distinguished medical writers than have appeared in previous numbers. Different members of the profession, competent to the task, have been engaged to collaborate from the different departments of medicine and surgery, thereby supplying the JOURNAL with condensed and select news Reports of medical societies will be found in each number; clinical lectures from instructive teachers will, occasionally, be reported for publication.

We have, in conclusion, to return our thanks to the many friends of this JOURNAL for encouragement and support during the past two years. However imperfectly our duty may have been performed the words of good cheer from friends have been grateful stimulants, by the way side, strengthening faith and hope in the continuing success of our enterprise.

We are pleased to announce that our future is brighter to day than it has ever been, and that, with the further co-operation of the profession, the MARYLAND MEDICAL JOURNAL will continue to grow and improve until it stands side by side with the oldest publications in the world.

THE Medical and Chirurgical Faculty of Margland.—The eighty-first annual meeting of the Medical and Chirurgical Faculty of Maryland will convene in this city on Tuesday April 8th, and remain in session three or four days. Dr. John M. Woodworth, of Washington, had been selected to deliver the annual address, but owing to his untimely death a new selection has become necessary. We are unable to announce the name of the orator, but are assured that the selection will be a suitable one, as the executive committee, entrusted with the appointment, is making an effort to secure a prominent member of the profession from another state, whose acceptance we are unable to announce. This meeting of the Faculty promises to be one of the most interesting and important in the history of this society.

A number of volunteer papers have been prepared by different members, and the chairmen of sections, we are informed, will make full and interesting reports. During the past year the profession has manifested more than usual interest in the different medical organizations throughout the entire state. We have announced the organization of several new societies in different counties in Maryland and of one within the city limits. The societies which were organized previous to the past year have held regular meetings with more than usual interest and attendance. These different medical organizations will send representatives to the annual meeting of the Faculty, and we have every assurance that the attendance will be larger than for some years past.

We would again urge such members of the profession as are not members of the State Faculty to attend this meeting and hand in their names to the Examining Board for membership.

Every member of the profession in this state, in good standing, should consider it his duty to be a member of this State Faculty, an organization which seeks to benefit the entire profession and not a class. Again every member of the Faculty should make an earnest effort to attend the annual meetings and should come prepared to contribute to their usefulness.

Let the profession throughout Maryland turn out to attend this eighty-first annual meeting and give a new impetus to this time honored Faculty. A good work can be accomplished by building up and sustaining this State Medical Society. The profession in Maryland needs a more thorough organization, and is not sufficiently aroused to the necessity of a more vigorous and hearty co-operation in professional work.

MALTINE.—This new preparation is a highly concentrated extract of malted, *barley, wheat and oats*, containing all of the medicinal and nutritious principles found in these cereals. It is manufactured by a process in which the evaporation necessary to reduce it to its great density is conducted in vacuo at a temperature ranging from 100° to 120° Fahr. By this process of evaporation, diastase, phosphates and albuminoids, on which the remedial value of malt extracts greatly depend, are preserved entirely in the maltine. Maltine has been largely used by the profession since its first introduction, and the therapeutic properties claimed for it are testified to by many who have employed it in practice. It is a preparation which agrees well with that class of cases in which it is especially indicated and one to which patients soon become attached.

Maltine is manufactured in conjunction with hops, iron, pepsin, strychnia, quinine, etc., etc. Its different preparations are indicated in anæmia, debility, dyspepsia, and kindred troubles, where a nutritive, general and nervous tonic is required. Give it a trial.

WE direct the attention of our readers to the advertisement of the Buffalo Lithia Springs to be found in this number of the Journal. These well known springs, in Mecklenburg County, Va., have long been known to the profession as possessing curative properties of a very high degree. The present proprietor, Col. Thomas F. Goode, has greatly improved the springs property by the erection of handsome and commodious buildings sufficient to accomodate a large number of guests and invalids. These mineral waters are now bottled in half gallon bottles and, packed in cases of one dozen, can be secured directly from the springs, or from agents in Baltimore. The universal testimony of members of the medical profession is offered in favor of the therapeutic value of these waters. They have been found of special value in the treatment of female affections, such as leucorrhœa, menorrhagia, chronic inflammations of the uterus, and in the nausea and vomiting incident to pregnancy. A list of references and testimonials from medical men, well known, will be furnished upon application. Read advertisement in this Journal.

DR. WM. G. REGESTER, the very capable and accommodating State Vaccine Agent, has rendered his annual report to the Governor. It shows that only one authentic case of small-pox, as reported by the health commissioner of the city, has occurred during the year. This case was immediately isolated, and all who were in any manner exposed to infection from it were promptly vaccinated. Orders for 780 packages of vaccine virus were filled, and the total amount of 7,971 quill slips issued, each slip containing virus sufficient for one vaccination—an increase over the previous year of 205 orders and of 2,057 slips. Of this number of vaccinations about 95 per cent. have been successful, as estimated from reports furnished the agent by vaccine physicians throughout the State. Twenty-five heifer calves have been used, from which bovine virus was obtained, at a cost to the State of $865. The importance is suggested of more stringent laws at the next session of the General Assembly on the subject of vaccination.

Prof. Roberts Bartholow of Cincinnati has been elected to fill the chair of Materia Medica, in Jefferson College, Philadelphia, recently made vacant by the death of Prof. John B. Biddle. Dr. Bartholow is well known to the profession as the author of "A Treatise on Materia Medica and Therapeutics," and of several smaller works. His ability as a writer has gained for him an extended reputation both in America, and in Europe, where his Treatise on Materia Medica has been adopted as a text book by several British medical schools. The *Cincinnati Lancet* and *Clinic* says: "Should Dr. Bartholow accept the proffered chair, the loss will be deeply felt in the professional circles of our city. No more industrious physician has ever been in our midst." "In him Cincinnati will lose and Philadelphia gain a finished scholar, an incessant student, an entertaining and instructive writer, and a peculiarly fascinating lecturer."

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Surgeon J. B. Hamilton, of Illinois, in charge of the United States Marine Hospital Service at Boston, has been promoted to the Surgeon Generalship of the Service *vice* Dr. Woodworth, deceased. Dr. Hamilton is 32 years of age. He was an Assistant Surgeon in the United States Army, and resigned his position in 1875; subsequently he was appointed an Assistant Surgeon in the Marine Hospital Service. Though a young man he has enjoyed large experience, and has shown administrative ability of the highest order. His appointment gives general satisfaction to the officers of the service. His thorough familiarity with the workings of the service joined with energy and fine natural ability, are guarantees of his qualification for an office of such importance as that of Surgeon General of the Marine Hospital Service.

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College of Physicians and Surgeons.—At a recent meeting of the Faculty of the above named College the following changes and appointments were made in the staffs of the hospitals connected with the institution:—*City Hospital Staff*, Surgeons:—Prof. Oscar J. Coskery, M. D.; Prof. C. F. Bevan, M. D.; Prof. Thos. S. Latimer, M. D.; Prof. A. Friedenwald, M. D. Physicians:—Prof. John S. Lynch, M. D.; Prof. A. B. Arnold, M. D.; Prof. A. Atkinson, M. D. Resident Physician:—David Streett, M. D. Assistant Physician:—W. R. Howard, M. D. *Maternite Hospital Staff*, Attending Obstetrician:—Prof. Thomas Opie, M. D.; House Physician:—J. H. Branham, M. D. *Woman's Hospital Staff*, Attending Physician:—Prof. A. F. Erich, M. D. Resident Physician:—Thos. W. Kay, M. D.

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The following have been appointed by the President to be members of the National Board of Health: Dr. S. M. Bemis, of New Orleans; Dr. Henry I. Bowditch, of Boston; Dr. Stephen Smith, of New York City; Dr. Henry A. Johnston of Chicago; Dr. James L. Cabell, of University of Virginia; Dr. T. S. Verdi, of Washington; Dr. R. W. Mitchell, of Memphis. In addition to these seven members, there is a representative from each of the Departments. Dr. Hamilton will represent the Marine Hospital Service attached to the Treasury Department; Dr. J. S. Billings, the War Department; Medical Director Gunnell, the Navy Department, and Solicitor General Phillips, the Department of Justice.

POPULAR SCIENCE MONTHLY.—There is no journal that comes to this office that is more highly prized than the *Popular Science Monthly*. Each number is filled with interesting and valuable contributions from eminent scientists in this country and Europe. Its editorial management is careful and able. We know of no scientific publication which contains more that will interest and instruct the student of general science. It is a journal that every reading and thinking medical man should subscribe to. Any of our readers desiring the *Popular Science Monthly* and MARYLAND MEDICAL JOURNAL for a period of one year, will receive both journals by mailing $7.00 to this office.

DR. A. P. BEACH, of Seville, Ohio, report, in the *Medical Record*, the birth of a child which weighed 23¾ pounds; its height 30 inches; breast measure 24 inches; breech 27 inches; head 19 inches; foot 5½ inches in length. The secundines when removed weighed 10 pounds. Five gallons of amniotic fluid were passed into a tub, one gallon was lost by absorption in bed clothing. The parents of this remarkable child are well known. The father, Captain M. V. Bates, is 7 feet 7 inches in height; the mother Mrs. Bates stands 7 feet 9 inches in height. This is the largest infant at birth of which there is any record.

THE SPRING SESSION in the College of Physicians and Surgeons began on the 15th ultimo, and will end on the 30th of June. The course consists of lectures (chiefly clinical), by the members of the Faculty.

This session does not count for graduation, but will afford young men entering upon the study of medicine the opportunity to prepare themselves for the regular sessions, and enable advanced students and graduates to apply at the bedside what they have acquired from text-books and didactic lectures.

The regular Winter session commences October 1st, 1879, and lasts twenty weeks.

A BILL has been introduced in the Legislature of Texas to compel *every physician* in the state, without regard to age or length of practice, to appear every three years before an Examining Board and unless he proves to the satisfaction of the Board that he is making satisfactory progress in the study of medical science, it will be considered as evidence that he is not a fit person to have charge of the public health, and his license to practice will be rescinded. It is probable this bill will pass.

WE have received from the enterprising and well known publishing house of Henry C. Lea, of Philadelphia, too late for review in this number of the Journal, a copy of the National Dispensatory, by Stille & Maisch; Smith on Diseases of Children, fourth edition, and Emmet's Principles and Practice of Gynæcology. A review of these volumes will appear in the May number.

THE MARYLAND College of Pharmacy conferred diplomas on twenty-two young men, at the Academy of Music on the 24th ultimo.

At the second annual meeting of the Baltimore Academy of Medicine the following officers were elected for the ensuing year: President, Dr. Ward, of Baltimore County; Recording Secretary, Dr. B. B. Browne; Reporting Secretary, Dr. E. F. Cordell; Treasurer, Dr. W. C. Van Bibber; Executive Committee, Drs. Chisolm, Williams and Arnold.

Prof. L. McLane Tiffany, M. D., has been elected Dean of the Faculty of the University of Maryland.

BOOKS AND PAMPHLETS.

A Manual for the Practice of Surgery.—By Thomas Bryant, F. R. C. S., Surgeon to and Lecturer on Surgery, at Guy's Hospital, etc., etc. Second American from the Third Revised and Enlarged English Edition. Published by H. C. Lea, Philadelphia.

The first edition of this excellent work was published in 1872. It was received with such appreciation by European and American surgeons that the second edition was soon called for. We now have before us the third English edition which has been altered both in substance and arrangement, with the addition of much new matter, including chapters on diseases and injuries of the eye and ear, some remarks on dental surgery, on the diagnosis of ovarian tumors, and on deformities.

This volume has been written in that strong and vigorous style, characteristic of the English writers on surgery. The work is one which will not fail to command the attention and respect of all reading and thinking surgeons. The author has not been converted to Listerism and speaks of the antiseptic treatment as follows:—"As an observer, who has no prejudice for or against the practice, I confess that I can neither recognize the modesty of the assertion nor the true spirit of scientific surgery it breathes; I can see in it the spirit of the advocate and the enthusiast, but not the calm mind of the judicial surgeon." "The system may be good, and if so, will find its place in surgery, but over-confidence in its power will not help it. Like others, it will have to be judged by the true spirit of scientific surgery, and by that alone; but first let us have the facts." These words of an intelligent English writer and authority will not fail to have their weight with the profession. How far surgery is indebted to Mr. Lister for his antiseptic treatment remains to be demonstrated by still

further practice. Unquestionably his system has directed closer personal attention to cases, and the observance of cleanliness in surgical practice which can not fail to bring a reward.

Transactions of the Thirty-Third Annual Meeting of the Ohio State Medical Society, held at Columbus, May 14th, 15th and 16th, 1878. Colt & Hand. Printers, Columbus, O.

The first 30 pages of this volume of transactions are devoted to the minutes of the society. Next comes an address of welcome by C. P. Landon, M. D. The address of the President Dr. W. H. Philips, entitled,—The Testimony of Medical Experts, is an able and carefully prepared paper defining the duties of the true medical expert and urging proper legislative reforms which will provide for the regulation and compensation of expert witnesses.

Papers are contributed, By J. H. Buckner, M. D., on Throat and Nasal Affections in their Relation to Diseases of the Ear. The Curette in Certain Forms of Uterine Disease, with cases; by T. A. Reamy, M. D. Report on Chronic Inversion of the Uterus; by R. L. Sweney, M. D. Quinine as an Antiseptic; by G. S. Franklin, M. D. Mental Action, Normal and Abnormal; by J. C. Kennedy, M. D. Quinine as a Prophylactic in Scarlet Fever; by C. H. Reed, M. D. Report of Chairmen of Sections, etc., etc. This volume is full of interesting reading matter and in every respect a creditable publication.

An Introduction to Pathology and Morbid Anatomy.—By T. Henry Green, M. D., London. Fellow of the Royal College of Physicians, London, etc., etc. Third American from the Fourth Revised and Enlarged English Edition. Published by H. C. Lea, Philadelphia.

This is a volume of 323 printed pages, devoted to the study of pathology and morbid anatomy. The first part of this work is devoted to the consideration of morbid processes which are characterized mainly by alterations in nutrition; the *second* to those in which an altered nutrition is associated with certain changes in the blood-vessels and circulation; and the *third*, to changes in the blood and circulation alone. The volume has been divided into 47 chapters which treat of the different subjects arranged systematically. The work is handsomely illustrated with appropriate wood cuts; it is written in clear and teachable language. Previous editions of this work are well known to students of morbid anatomy. This edition is an improvement upon the previous editions.

Lectures on Practical Surgery.—By H. H. TOLAND, M. D., Professor of the Principles and Practice of Surgery and Clinical Surgery, in the Medical Department of the University of California. Second Edition, Illustrated. Published by Lindsay & Blakiston, Philadelphia, 1879. For sale by Turnbull Bros., Baltimore. Price, $4.50 and $5.00.

This volume consists of a course of fifty lectures, on different subjects in surgery, delivered before the students of Toland College. The author in his preface states that owing to many engagements he could not find time to write a book with the scientific accuracy of some that had been published, but that he was willing to *talk* a book that should contain the principles of surgery, with illustrations from his own experience. This volume has nothing special to recommend it except the fact that it contains the views and teachings of the author who has enjoyed a large experience in surgical practice. The work is designed for the use of students.

On Fracture of the Femur.—By EDWARD BROCK, M. D., St. Louis, Mo., late member of the Medical and Chirurgical Faculty of Maryland, etc., etc. Published by G. O. Rumbold & Co., St. Louis.

This is a monograph of 52 pages upon a subject which has, of late years, received considerable study and attention. The author has views of his own, and a new apparatus to offer for the treatment of Fractures of the Femur. His method consists in the employment of the inclined plane with the attachment of weight and pulley. This monograph is rather a review of the different methods employed by different surgeons than a plea for the adoption of the author's method to the exclusion of others. It is a fair and well written paper, one which will inform and please the reader.

Yellow Fever.—A Monograph. By THOS. O. SUMMERS, M. D., Professor of Anatomy and Histology, in the University of Nashville, and Vanderbilt University; published by Wheeler Brothers, Nashville, Tenn.

This is a monograph of 70 pages upon yellow fever. Chapters are devoted to the etiology, pathology, clinical history, and treatment and prophylaxis of this disease. The author enjoyed large experience in the study of yellow fever during the epidemic of 1878, and writes with the authority of one who understands his subject and knows what he is writing about.

Diphtheria, Its Nature, Causes, Prevention, and Treatment.—By J H. KELLOG, M. D. Published by the Good Health Publishing Company, Battle Creek, Mich.

Index to Original Communications in Medical Journals of the United States and Canada, for 1877. Classified by Subjects and Authors, compiled by WM. D. CHAPIN, New York. Price $1.00 A very useful index.

Elementary Quantitative Analysis. By ALEXANDER CLASSEN, Professor in the Polytechnic School, Aix-Lachapelle, Translated, with Additions, by Edgar F. Smith, A. M., Ph. D. Assistant in Analytical Chemistry, in the Towne Scientific School, University of Pennsylvania. Published by H. C. Lea, Philadelphia.

The fact that this work is in general use in the laboratories of almost all the prominent German universities and polytechnic schools is sufficient to recommend it to American students of chemistry.

An Atlas of Human Anatomy; Illustrating Most of the Ordinary Dissections and Many not Usually Practiced by the Student; Accompanied by an Explanatory Text. By RICKMAN JOHN GODLEE, M. S., F. R. C. S., Fellow of University College, London. Published by Lindsay & Blakiston, Philadelphia.

This Atlas is one of the handsomest illustrated volumes we have had the privilege of examining. It is intended to illustrate such dissections as are not usually seen in the dissecting-room. The work will be completed in twelve or thirteen bi-monthly parts, folio size, each part containing four large plates, two figures in each plate, each plate faced by a page of references, and each part accompanied by an octavo part, containing the explanation text, forming when complete a large folio volume of plates and references, and an octavo volume of from 300 to 400 pages of explanation text.

OBITUARY RECORD.

Dr. John M. Woodworth, Surgeon General United States Marine Hospital Service, died in Washington. D. C., March 14th, 1879, of erysipelas and pneumonia, in the 42 year of his age. Dr. Woodworth, was born at Big Flats, Chemung County, N. Y., but removed to Illinois at an early age, receiving a literary and classical education at Warrensville and Chicago. He graduated in medicine at the Chicago Medical College, in 1862, and was shortly after appointed Assistant Surgeon of Volunteers, joining Sherman's army corps soon afterwards. In 1863 he was promoted to Surgeon and Medical Inspector of the 15th army corps and subsequently Medical Director of the Army of the Tennessee. He served with Gen. John A. Logan two years and was breveted Lieut. Colonel for meritorious services.

After the war he spent one year in the hospitals of Berlin and Vienna, taking special courses in each of those places. On his return from Europe he was offered the chair of histology and physiology in the Chicago Medical College, which he declined, but subsequently accepted the position of Demonstrator of Anatomy and Lecturer on Comparative Anatomy in the same college.

In 1871, Dr. Woodworth was placed in charge of the Marine Hospital Service, which he at at once set about reorganizing with the gratifying result of making self-sustaining what had for many years before been a tax of some $150,000 annually upon the goverment. One of his first reforms consisted in requiring a rigid professional examination of all medical officers of the service, thereby securing a corps of able assistants in the work.

Dr. Woodworth was a warm advocate of a national quarantine, and urged the adoption by congress of some suitable measure for the protection of the country against the scourge of yellow fever and cholera. One of the last acts of his life was to promulgate an order, approved by the President, forbidding vessels from ports on the Mediteranian Sea, carrying rags, furs, etc., obtained from the infected districts of Russia, from entering any port of the United States until the same were thoroughly disinfected, etc.

His connection with the Yellow Fever Commission of last year, which he organized and was responsible for, and his subsequent appointment on the congressional committee as President of the Experts to investigate the epidemic, are too well known by every member of the profession to require an extended notice.

Dr. Woodworth was an active member of many of the medical societies of the country, including the "American Medical Society," the "American Public Health Association, and the American Association for Advancement of Science." He was an honorary member of the "Medical and Chirurgical Faculty of Maryland, and of the Kentucky State Society." He was the author of many medical and sanitary treatises, the "Cholera Epidemic of 1873," was the joint work of himself and other honorable members of the profession; "Primary Surgery of Gen. Sherman's Campaign," "Hospitals and Hospital Construction," "The Immigration Service of the United States," "Migrants and Sailors in Their Relation to Public Health," "Safety of Ships and Those who Travel in Them," "Quarantine with Reference to Yellow Fever," and the "Annual Reports of the Marine Hospital Service," all bear witness of the clearness and ability with which he handled his subjects. In his death, not only the Service, which he so ably conducted, but sanitary science throughout the world, has lost a brave, energetic worker.

Dr. Frank E. Baltzell of this city died at his residence on St. Paul street, on Sunday March 16th, at the age of 31. He was a genial and warm-hearted friend, straightforward and attentive to duty, respected and loved by all who knew him well, and who appreciated his true worth. He gave promise of a useful and successful professional career. He graduated at Princeton; after completing his academic education he attended lectures at the University of Maryland from which school he graduated as doctor of medicine in the class of 1871. His many classmates and friends throughout the country will hear of his death with deep regret

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Dr. Moses Brownell, 90 years of age, died suddenly, March 12th, at his residence, 95 Madison street, New York city, of heart disease. He practiced medicine for 25 years at Knox, and for 32 years at Troy.

TRIBUTE OF RESPECT.

At a recent meeting of the "Baltimore Academy of Medicine," held March 18th, 1879, the following tribute to the memory of Surgeon General Woodworth was unanimously adopted, and the secretary directed to spread the same upon the minutes of the society and furnish a copy to the MARYLAND MEDICAL JOURNAL and the family of the deceased:

"IN MEMORIAM.—We learn with feelings of profound regret that Surgeon General John M. Woodworth, of the United States Marine Hospital service, whose busy life has been spent in efforts to promote the work of sanitary science, and whose name is forever identified with the noble helpers of the South in their hour of affiiction, has himself fallen by the wayside, cut down in the prime of life and just as he was approaching the fulfillment of his aims."

"While we mourn the loss of Surgeon General Woodworth as a national calamity, we trust that his work may go on in the spirit of its organizer, so that the future of the service may be a living monument to his memory, and his mantle fall upon a worthy member of his corps."

Eulogiums upon the deceased were pronounced by severa members of the society.

DR. C. W. CADDEN died at his residence in this city, on 26th of March. He was a member of the Medical and Chirurgical Faculty of Maryland.

Index to Volume IV.

Abstracts and Selections.....99, 117
Adenoid Growths in the Posterior Naso-Pharyngeal space..... 158
A Few Remarks on some Professional Proprieties..... 353
Alcoholic Drinks in England..... 136
A Manual for the Practice of Surgery, (Bryant) *Review*..... 386
American Medical Women..... 134
American Public Health Association.....59, 100
Ammen, S. Z.; A. M..... 1
An Address Commemorative of the Life and Writings of the Late Prof. Chas. Frick, M. D..... 333
Anæmia.—A Case with Treatment and Remarks..... 87
An Introduction to Pathology and Morbid Anatomy, (Green) *Review* 387
Anatomy, Descriptive and Surgical, (Gray) *Review*..... 64
A Needle Prick and Its Consequences..... 5
An Inaugural Address Delivered Before the Clinical Society,..... 282
Antiseptic Surgery.—Is it a Success?..... 212
Atkinson, I. E.; M. D..... 229
Atresia Uteri Gravidi..... 133

Bael, The Use of..... 131
Bailhache, P. H.; M. D..... 5
Battey's Operation..... 263
Bavarian Plan of Treating Fractures..... 137
Belladonna in Treatment of Rhus Radicans..... 96
Benzoic Acid in Treatment of Articular Rheumatism..... 174
Berlin Memorial on Puerperal Fever..... 168
Bilateral Paralysis of the Dilator Muscles of the Glottis..... 313
Books and Pamphlets,....63, 198, 326, 386
Bromohydric Acid in Tinnitus Aurium from Quinine..... 134
Browne, B. B.; M. D.....89, 276,
Brown, T. R.; M. D..... 20

Camphor as a Hypnotic..... 133
Cancer..... 56
Carbolic Acid in Treatment of Whooping Cough..... 196
Cascara Sagrada..... 254
Case of Bilateral Paralysis of the Dilator Muscles of the Glottis... 30
Case of Disseminated Cerebro-Spinal Sclerosis..... 51
Case of Poisoning by Oil of Chenopodium..... 20
Chanceller, E. A.; M. D..... 14
Chisolm, J. J.; M. D..... 78
Clinical Diagnosis, (Finlayson) *Review*..... 199
Clinical History of the Medical and Surgical Diseases of Women, (Barnes) *Review*..... 65
Clinical Lectures..... 78
Clinical Reports.....14, 84, 229, 285
Colden's Liebig's Extract of Beef 127
Complete Removal of the Uterus 304
Congenital Absence of Rectum..... 51
Conrad, J. S.; M. D..... 91
Cordell, E. F.; M. D.....47, 161, 251, 361
Correspondence.....28, 96, 226, 289
Coskery, O. J.; M. D.....11, 285
Croup and Diphtheria, German Treatment..... 257

Dawson, W. W.; M. D..... 137
Destruction of an Exostosis, by Means of Burr of Dental Engine 159
Deviation in Development of Vocal Cords..... 319
Dickson, John; M. D..... 216
Diagnosis and Treatment of Intestinal Obstruction 52
Dialysed Iron, (*Wyeth's*,)..... 117
Differential Diagnosis, (Hall) *Review*..... 326
Differentiation of Drunkenness from Coma..... 269
Diphtheria..... 358
Diphtheria, (Reuter) *Review*..... 66
Diseases of Children..... 49
Donaldson, Frank; M. D..... 333
Dry Suture..... 265

Editorial.....59, 123, 187, 260, 321, 381
Effects of the Use of Quinine on Hearing..... 135
Eilau, E. W..... 227
Electricity by a New Method in Gynecology..... 305
Empyema, Case of..... 233
Endocarditis..... 173
Epithelioma of the Cervix Uteri 69
Epithelioma of the Tonsil..... 318
Extirpation of Larynx..... 155
Eye, Ear, Throat and Nose Diseases,—a New Book, (by J. J. Chisolm, M. D.) *Notice*..... 126

Facial Spasm Cured by Nerve Stretching..... 175
Fourth Volume,..... 60
Fracture of the Skull, Cases..... 285

Hartman, J. H.; M. D.....30, 155, 321
Hebb, J. W.; M. D..... 358
Hemorrhage after Amputation of Cervix Uteri..... 307
Herpes Zoster, Treatment..... 99
Hines, F. W.; M. D,..... 290
Histology of Mucous Patches on the Tonsils..... 157
Holliday, D. C.; M. D..... 203
How to Avoid Leaving Scars..... 192

India Rubber Extension Apparatus 175
Iodia..... 127
Iodide of Potassium Spray in Treatment of Asthma..... 194
Iron Which Will Not Rust..... 196

Johnston, Christopher; M. D..... 282

Lactopeptine..... 131
Laryngological Periscope.....30, 155 321
Larynx in Cases of Leprosy..... 309
Latent Gonorrhœa, a Case..... 89
Lee, Wm.; M. D..... 87
Leonard, B. F.; M. D..... 49
Lectures on Practical Surgery, (Toland) *Review*..... 388
Local Medical Societies..... 321
Localized Atrophy in a Girl..... 50
Lozenges, Hancock's..... 128

Maltine..... 194
Manual of Diseases of Children, (Ellis) *Review*..... 327
Manual of Prescription Writing, (Mann) *Review*..... 200
Mathews, G. E.; M. D..... 228
McSherry, Richard; M. D..... 353
Meetings of Baltimore Academy of Medicine.....37, 176, 241, 292
Medical Chemistry, (Wheeler) *Review*..... 327
Medical Society of Virginia..... 61
Mercury in Eye Diseases..... 78
Method of Measuring Temperature of Body..... 99
Method of Preparing Lister's Bandages..... 226
Michael, J. E.; M. D.....212, 237
Migraine, a Case of..... 91
Miscellaney.....61, 128, 192, 262
Mitchell, M. L.; M. D..... 84
Modern Medical Therapeutics, (Naphys), *Review*..... 326
Moorman, J. J.; M. D..... 76
Morris, Johns; M. D..... 269

Nitrous Oxide Gas..... 172
Norris, J. D.; M. D..... 29
Notes on Alteration of the Larynx in Tuberculosis..... 35
Notes on Treatment of Skin Diseases, (Liveing) *Review*..... 202

Obesity..... 132
Obituary Record..... 390
Obstinate Vomiting..... 259
Oesophagotomy, a Case of..... 120
On Fracture of the Femur, (Brock) *Review*..... 388
On the Local Application of Extract of Conii Fluid in Some Diseased Conditions of the Throat..... 225
On Some Not Common Cases in Surgery..... 11
Opium..... 194
Organic Materia Medica, (Sayre) *Review*..... 320
Ovarian Cyst,—Rare Complication 171
Oxalate of Cerium and Caffein,.... 194
Oxide of Zinc Ointment in Membranous Vaginitis..... 136

Partial Retention of the Placenta After Labor..... 276
Pearson, F. W.; M. D..... 225
Pessary, Removal of..... 255
Pilocarpin in Abortion..... 306
Pole, A. C.; M. D..... 233
Poisoning with Concentrated Lye, 28
Posterior Torticollis and its Treatment..... 97
Practical Surgery, (Mears) *Review*, 207
Principles and Practice of Surgery, (Ashhurst,) *Review*..... 200
Principles and Practice of Surgery, (Agnew) *Review*..... 198
Prize Essay on Hydrophobia..... 61
Progress in Surgery..... 237
Pseudo-Hypertrophy in a Girl..... 51

Quinine and Bark..... 195

Radical Cure for Neuralgia..... 29
Recent Progress in Obstetrics..... 168
Recent Progress in Gynecology.... 304
Remarks on Yellow Fever.—By Dr. D. C. Holliday..... 203
Report of Baltimore Medical Association..... 47, 99, 183
Report of Baltimore Academy of Medicine, (Annual)..... 361
Reports of Societies, 37, 99, 176, 241, 292
Results of 50 Cases of Ovariotomy Practiced According to the Antiseptic Method..... 98
Retention of Urine..... 132

Salicylic Acid in Scarlet Fever and Diphtheria..... 257
Saliva and Digestion of Starch..... 265
Sanitary Condition of Memphis.... 290
Sciatica Treated by Nerve Stretching..... 134
Scirrhus of the Testicle..... 131
Sea Air and Sea Bathing in Children's Diseases..... 49
Sea-Sickness, Treatment of..... 135
Selections..... 52, 251, 371
Semi Annual Report of Practice of Medicine..... 161
Sellman, W. A. B.; M. D..... 49, 100, 186
Separate Investment of Palato-Glossi Muscle..... 160
Spencer Well's Ovariotomies..... 136
Spontaneous Rupture of a Cyst of the Broad Ligament..... 229
Stricture of the Male Urethra, (Otis) *Review*..... 129
Syphilis of the Epiglottis..... 36

The Bedford Alum and Iron Springs..... 76
The Case of Dr. Thornley..... 130
Theobald, Sam'l.; M. D..... 145
The Prevention of Yellow Fever, 8
The Scepticism Prevalent Regarding Aural Therapeutics.—To What Extent is it Justifiable?... 145
Therapeutic Notes..... 216
Thyrotomy..... 156

Translations.....96, 171
Treatment of Naso-Pharyngeal Polypi..... 34
Treatise on the Science and Practice of Midwifery, (Playfair) *Review*..... 65
Transactions of the American Gynecological Society..... 63
True and False Experts..... 187
Tydings, O.; M. D..... 97

Uhler, J. R.; M. D..... 8
Ulceration of the Frænum Linquæ in Pertussis..... 50
Ulcers Caused by Rectal Injections..... 98
Urethral Fistulæ and Multiple Stricture..... 84
Urine, a Guide to the Practical Examination of, (Tyson) *Review*, 67

Valentine's Meat Juice..... 123
Varieties of Obstructed Nasal Respiration..... 32
Vaseline..... 197
Ventilation of Bed Rooms..... 121
Wilson, H. P. C.; M. D..... 69
Yellow Fever, (Summers,) *Review*, 388